

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

<i>In re</i>  Boy Scouts of America and Delaware BSA, LLC, <sup>1</sup>  Debtors.	Chapter 11  Bankruptcy Case No. 20-10343 (LSS) (Jointly Administered)
National Union Fire Insurance Co. of Pittsburgh, PA, <i>et al.</i> ,  Appellants.  v.  Boy Scouts of America and Delaware BSA, LLC, <i>et al.</i> ,  Appellees.	Lead Case No. 22-cv-01237-RGA  Consolidated Case Nos. 22-cv-01238-RGA; 22-cv-01239-RGA; 22-cv-01240-RGA; 22-cv-01241-RGA; 22-cv-01242-RGA; 22-cv-01243-RGA; 22-cv-01244-RGA; 22-cv-01245-RGA; 22-cv-01246-RGA; 22-cv-01247-RGA; 22-cv-01249-RGA; 22-cv-01250-RGA; 22-cv-01251-RGA; 22-cv-01252-RGA; 22-cv-01258-RGA; 22-cv-01263-RGA

**DEBTORS-APPELLEES' APPENDIX TO CONSOLIDATED ANSWERING  
BRIEF: VOLUME 9 (SA 2784 THROUGH SA 3027)**

Dated: December 7, 2022

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<sup>1</sup> The Debtors, together with the last four digits of each Debtor's federal tax identification number, are as follows: Boy Scouts of America (6300); and Delaware BSA, LLC (4311). The Debtors' mailing address is 1325 West Walnut Hill Lane, Irving, Texas 75038.

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*Counsel for Debtors-Appellees and Debtors in Possession*



**INDEX OF SUPPLEMENTAL DOCUMENTS**

<b>BSA Records</b>	<b>Joint Trial Exhibit No.</b>	<b>Appendix Page Nos.</b>
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<sup>2</sup> The following documents cannot be filed on the Court’s docket due to their size or file format. The Appellees will make these documents available to the Court and the parties. For purposes of citing these documents in the Debtors-Appellees’ Consolidated Answering Brief, the Appellees have assigned these documents appendix page numbers in accordance with the “SA\_\_\_” convention.



## Schedule of Automobiles and Covered Automobiles PAGE #5

This Schedule forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....  
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
						PIP								
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates		Premium	
29.	69 CHEV CARRYALL #CE168P173539			C		\$	\$	0	\$	\$		\$10.00	\$	
						\$	\$							\$
	BOULDER JUNCTION, WISC.	09	034986	1275.		\$	\$		\$	\$		\$	\$	
30.	65 CHEV CARRYALL #C1465P143668			C		\$	\$	0	\$	\$		\$10.00	\$	
						\$	\$							\$
	BOULDER JUNCTION, WISC.	09	034986	625.		\$	\$		\$	\$		\$	\$	
31.	61 CHEV CARRYALL #1C146J118947			C		\$	\$	0	\$	\$		\$10.00	\$	
						\$	\$							\$
	BOULDER JUNCTION, WISC.	09	034986	1175.		\$	\$		\$	\$		\$	\$	
32.	52 WILLYS JEEP #7815			P&B		\$	\$	0	\$	\$		\$19.00	\$	
						\$	\$							\$
	BOULDER JUNCTION, WISC.	09	PPT	435.		\$	\$		\$	\$		\$	\$	
33.	63 CHEV P/U #C254F126644			C		\$	\$	0	\$	\$		\$10.00	\$	
						\$	\$							\$
	BOULDER JUNCTION, WISC.	09	034986	2000.		\$	\$		\$	\$		\$	\$	
34.	69 FORD P/U #F10BLP12655			C		\$	\$	0	\$	\$		\$10.00	\$	
						\$	\$							\$
	BOULDER JUNCTION, WISC.	09	034986	2490.		\$	\$		\$	\$		\$	\$	
35.	70 FORD P/U #F11YRH14137			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							\$
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 14.00	\$ 4.00					\$69.00	\$	
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee				No.	\$ 19.00	\$ 6.00					\$	\$	
	CSL DISC 9% (.91) INCL					The company located these documents in its business records. At this time, the company does not certify that these documents constitute								

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



## Schedule of Automobiles and Covered Automobiles PAGE #6

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Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages							Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)			
						PIP									
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates		Premium		
36.	66 FORD PK #F11YK806236			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
		CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$		
37.	62 INTERNATIONAL CB #FD5671F			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
		CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$		
38.	67 CHEV PK #KS147S149629			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
		CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$		
39.	72 FORD 4DR. #2G51F244291			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
		CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$		
40.	72 FORD PK #F26YRN89131			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
		CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$		
41.	73 FORD PK #F10YRR86280			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
		CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$		
42.	73 FORD PK 1/2 T F11YR85820			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
		CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$		
*Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 98.00	\$ 28.00					\$	\$		
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$		
No.	Name and Address of Loss Payee					No.	\$ 133.00	\$ 42.00							
	CSL DISC 9% (.91) INCL						The company located these documents in its business records. At this time, the company does not certify that these documents constitute								

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## Schedule of Automobiles and Covered Automobiles PAGE #7

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Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (D) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages							Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)			
						PIP									
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates		Premium		
43.	72 FORD PK #F26YRN89132	C				\$ 14.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
44.	64 DODGE 4 DR. #554327S529	P&B				\$ 14.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
45.	68 FORD PK #A101468	C				\$ 14.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
46.	73 FORD PK #F10YRR83712	C				\$ 14.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
47.	73 FORD PK #F11YRR85819	C				\$ 14.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
48.	74 CHEV TRAVELALL #CKY264F179594	C				\$ 14.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
49.	74 FORD #F28BRU46661	C				\$ 14.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 98.00	\$ 28.00					\$	\$		
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$		
No.	Name and Address of Loss Payee					No.									
	CSL DISC. 9% (.91) INCL														
						The company located these documents in its business records. At this time, the company does not certify that these documents constitute									

## Schedule of Automobiles and Covered Automobiles PAGE #8

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						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Towing and Labor Costs
						PIP							
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates		Premium
50.	73 FORD CROW CAB #F25YCS24484			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$
	CIMARRON, N.M.			06	IND TRK	\$ 19.00	\$ 6.00		\$	\$		\$	\$
51.	72 FORD 4DR #2G51F244292			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$
	CIMARRON, N.M.			06	IND TRK	\$ 19.00	\$ 6.00		\$	\$		\$	\$
52.	58 CHEV PK #4B58F132267			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$
	CIMARRON, N.M.			06	IND TRK	\$ 19.00	\$ 6.00		\$	\$		\$	\$
53.	65 FORD #F10JD698518			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$
	CIMARRON, N.M.			06	IND TRK	\$ 19.00	\$ 6.00		\$	\$		\$	\$
54.	58 CHEV PK #3A58K131944			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$
	CIMARRON, N.M.			06	IND TRK	\$ 19.00	\$ 6.00		\$	\$		\$	\$
55.	41 CHEV PK #AVB1091441			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$
	CIMARRON, N.M.			06	IND TRK	\$ 19.00	\$ 6.00		\$	\$		\$	\$
56.	64 DODGE CB #2261378469			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$
	CIMARRON, N.M.			06	IND TRK	\$ 19.00	\$ 6.00		\$	\$		\$	\$
†Not Available in California *P & B = Pleasure and Business; C = Commercial						TOTALS	\$ 98.00	\$ 28.00				\$	
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.							\$	\$				\$	\$
No.	Name and Address of Loss Payee					No.	\$ 133.00	\$ 42.00					
	CSL DISC 9% (.91) INCL						The company located these documents in its business records. At this time, the company does not certify that these documents constitute						

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## Schedule of Automobiles and Covered Automobiles

PAGE #9

This Schedule forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....  
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
						PIP								
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums	Premiums	
57	72 FORD 4 DR. #2G51P244293			P&B		\$14.00	\$4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
58	69 MARK TRK #MB403P2177			C		\$14.00	\$4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
59	71 FORD CB #F35YKL64826			C		\$14.00	\$4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
60	72 FORD FK #F10YKP24747			C		\$14.00	\$4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
61	51 RESO TRK #149480			C		\$14.00	\$4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
62	69 CHEV FK #KS169Z848257			C		\$14.00	\$4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
63	71 INTERNATIONAL DP #416C6CH164330			C		\$14.00	\$4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$98.00	\$28.00					\$	\$	
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee				No.	TOTAL \$133.00 \$42.00								
	CSL DISC 9% (.91) INCL													
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.														
1														



## Schedule of Automobiles and Covered Automobiles PAGE #10

This Schedule forms a part of Policy No. 10 C A43349E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....  
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Year/Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
					BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
					PIP								
Location (Town, State)		Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates		Premium	
4	72 FORD 2DR. #U15GLP28943		P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
5	61 FORD PK #F10JDL70009		C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
6	72 FORD 2DR #U15GLP28942		P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
7	63 FORD PK #F10JD420602		C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
8	72 CHEV 4DR #CKS162F175471		P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
9	72 CHEV 4DR #CKS162F175752		P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
10	73 FORD PK 1/2 T #f10YRR86281		C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
Total					\$ 98.00	\$ 28.00					\$	\$	
Total					\$ 133.00	\$ 42.00					\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial													
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.													
No.	Name and Address of Loss Payee				No.								
	CSL DISC 9% (.91) INCL												
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.													

Schedule of Automobiles and Covered Automobiles **PAGE #11**

This Schedule forms a part of Policy No. **10 C A433493** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....  
12:01 A. M., standard time.

**THE HARTFORD**

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (1) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
						PIP								
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium		
71	64 DODGE PK #1161405724			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, NM		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
72	73 FORD FB #F50CVR80490			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
73	57 CHEV PK #3457K123301			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
74	66 MACK TRK #1MA0351033			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
75	69 FORD CB #F11YKE77849			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
76	69 FORD CB #F11YKE77878			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
77	69 CHEV 2DR #K31692847104			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 50.00	\$ 28.00					\$		
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.						\$ 133.00	\$ 42.00					\$	\$	
No.	Name and Address of Loss Payee				No.									
	CBL DIST 57 (.91) INCL													
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.														

## Schedule of Automobiles and Covered Automobiles

PAGE #12

This Schedule forms a part of Policy No. **10 G A433493** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....  
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (1) Serial No. (5) Motor No. (6)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Automobile
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Towing and Labor Costs	
						PIP								
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Premium	
78	70 CHEV PK #134800K188270			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.	06	IND TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
79	69 FORD S/W #U157LD86049			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.	06	IND TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
80	73 FORD 4DR #3P72H152401			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.	06	IND TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
81	65 CATTLE DEPARTMENT TRAILER #145365			MOBILE		\$	\$		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.	06	EQUIPMENT			\$	\$		\$	\$		\$	\$	
82	71 DITCHWITCH #8162			MOBILE		\$	\$		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.	06	EQUIPMENT			\$	\$		\$	\$		\$	\$	
6	47 LOWBOY TRAILER #EMP-9000037			MOBILE		\$	\$		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.	06	EQUIPMENT			\$	\$		\$	\$		\$	\$	
84	73 GOOSE NECK TRAILER #182573			MOBILE		\$	\$		\$	\$		\$	\$	
						\$	\$							
	CIMARRON, N.M.	06	EQUIPMENT			\$	\$		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 42.00	\$ 12.00					\$	\$	
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.						\$ 57.00	\$ 18.00					\$	\$	
No.	Name and Address of Loss Payee					No.								
	CSL DEC 97 (.91) 15CL													
The company located these documents in its business records. At this time, the company does not certify that these documents constitute														

## THE HARTFORD

Effective date.....  
12:01 A. M., standard time.

As respects each *covered automobile* described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

# Liquidity



## REAL PROPERTY — LIABILITY — FIRE

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A433493**  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE  
 MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE  
 OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE

It is agreed that the Property Damage Liability Coverage applies to *property damage* to structures or portions thereof rented to or occupied by the *named insured* and described in this endorsement, including fixtures permanently attached thereto, if such *property damage* arises out of fire, subject to the following additional provisions:

1. With respect to the insurance provided by this endorsement, all of the exclusions of the policy, other than the Nuclear Energy Liability Exclusion (Broad Form), are deleted and replaced by the following:

This insurance does not apply to liability assumed by the *insured* under any contract or agreement.

2. The limit of liability stated in this endorsement applies separately to the insurance under this endorsement and is in lieu of any other limit of liability stated in the policy.

Description of Property	Limit of Liability	Rate (per \$100 of Limit)	Premium
	\$	each occurrence	

SEE FORM AL-8-OC

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form L-3037-1 Printed in U. S. A. 10-'69 (NBCU: G 209)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## BOATS

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE  
MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE  
OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE  
STOREKEEPER'S INSURANCE

It is agreed that:

1. The exclusion relating to watercraft does not apply to the watercraft described below.
2. The "Persons Insured" provision includes any person or organization legally responsible for the use of any such watercraft owned by the *named insured*, provided the actual use thereof is with the permission of the *named insured*.
3. The insurance with respect to any watercraft subject to this endorsement does not apply while the watercraft is rented to others or is used for carrying any passenger for a consideration unless this exclusion is stated in the schedule below to be inapplicable.

## SCHEDULE

DESCRIPTION OF WATERCRAFT	CLASSIFICATION OF WATERCRAFT	CODE NUMBER	PREMIUM BASIS NUMBER OF WATERCRAFT	RATES EACH WATERCRAFT B.I.L. P.D.L.	ADVANCE PREMIUM B.I.L. P.D.L.
1) <b>CANOE</b>			<b>300</b>	<b>INCL. IN COMPOSITE RATE</b>	
2) <b>ANY VESSEL NOT EXCEEDING 50 FEET IN LENGTH AND REPORTED TO THE COMPANY WITHIN 60 DAYS OF ACQUISITION</b>			<b>IF ANY</b>		

Minimum Premium \$.....Bodily Injury Liability \$.....Property Damage Liability

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

The company located these documents in its business records. At this time, the *Countersigned by* ~~Authorized Agent~~ does not certify that these documents constitute a complete and accurate copy of the policy.

**ADDITIONAL INSURED**  
(Vendors—Limited Form)

Named Insured and Address

This endorsement forms a part of Policy No. **10 C 4433493** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

It is agreed that the "Persons Insured" provision is amended to include any person or organization (herein referred to as "Vendor"), as an Insured, but only with respect to the distribution or sale in the regular course of the Vendor's business of the Named Insured's products subject to the following additional provisions:

1. The insurance with respect to the Vendor does not apply to:
  - (a) any express warranty, or any distribution or sale for a purpose, unauthorized by the Named Insured
  - (b) bodily injury or property damage arising out of
    - (i) any act of the Vendor which changes the condition of the products,
    - (ii) any failure to maintain the product in merchantable condition,
    - (iii) any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products, or
    - (iv) products which after distribution or sale by the Named Insured have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the Vendor;
  - (c) bodily injury or property damage occurring within the Vendor's premises.
2. This insurance does not apply to any person or organization, as Insured, from whom the Named Insured has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



Form L-3243-0 Printed in U. S. A. 10-68 (NBCU: G-114)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**Employee Benefits  
Liability Insurance  
Coverage Part**



**THE HARTFORD**

**SCHEDULE**

Insurance is afforded with respect to the following coverage, subject to the limits of liability stated herein and to all the terms of the policy relating thereto.

Coverage	Limits of Liability
Employee Benefits Liability	\$ 500,000 ,000 each claim \$ 500,000 ,000 aggregate
Estimated Number of Employees	Rate (Each Employee)
	First 5,000 Next 5,000 Over 10,000
Advance Premium	
<b>INCLUDED</b>	
Form Numbers of Endorsements forming part of this Coverage Part at issue:	
TOTAL ADVANCE PREMIUM \$	
<b>IN COMPOSITE RATE</b>	

The conditions and provisions printed on Page EBL-2 of this form are a part hereof.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective \_\_\_\_\_ (at the hour stated in the policy) and forms a part of Policy No. \_\_\_\_\_ issued to \_\_\_\_\_

Countersigned by \_\_\_\_\_

Authorized Agent

**I. EMPLOYEE BENEFITS LIABILITY COVERAGE**

The company will pay on behalf of the **insured** all sums in excess of the deductible amount which the **insured** shall become legally obligated to pay as damages on account of any claim against the **insured** arising out of any negligent act or omission within the United States of America, its territories or possessions, or Canada, in the **administration** of the **named insured's Employee Benefit Programs**, provided such claim is first made against the **insured** during the period this insurance is in force and the **insured** at the effective date of this insurance had no knowledge of or could not have reasonably foreseen any circumstances which might result in a claim or suit.

The company shall have the right and duty to defend any suit against the **insured** seeking damages on account of such a claim, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend any suit after the applicable limit of the company's liability has been exhausted by payment, on account of one or more claims to which this insurance applies, of judgments or settlements or of sums described in the "Supplementary Payments" provision, or both.

**Exclusions**

This insurance does not apply to:

- (a) any claim arising out of
  - (1) **bodily injury or property damage;**
  - (2) any dishonest, fraudulent, criminal or malicious act or out of libel, slander, discrimination or humiliation;
  - (3) the failure of any investment or savings program to perform as represented by an **insured;**
  - (4) advice given by an **insured** to an employee to participate or not to participate in any investment or savings program;
- (b) any claim arising out of the failure of the **insured**, or any insurer, fiduciary, trustee or fiscal agent, to perform any of their obligations or to fulfill any of their guarantees with respect to (i) the payment of benefits under **Employee Benefit Programs** or (ii) the providing, handling or investment of funds related thereto.

**II. PERSONS INSURED**

Each of the following is an **insured** under this insurance to the extent set forth below:

- (a) if the **named insured** is designated in the declarations as an individual, the person so designated but only with respect to the conduct of a business of which he is the sole proprietor, and the spouse of the **named insured** with respect to the conduct of such a business;
- (b) if the **named insured** is designated in the declarations as a partnership or joint venture, the partnership or joint venture so designated and any partner or member thereof but only with respect to his liability as such;
- (c) if the **named insured** is designated in the declarations as other than an individual, partnership or joint venture, the organization so designated and any executive officer, director or stockholder thereof, while acting within the scope of his duties as such;
- (d) any employee of the **named insured** while acting within the scope of his duties in connection with the **administration** of the **named insured's Employee Benefit Programs**.

This insurance does not apply to any claim arising out of the conduct of any partnership or joint venture of which the **insured** is a partner or member and which is not designated in this policy as a **named insured**.

**III. SUPPLEMENTARY PAYMENTS**

With respect only to the insurance under the Employee Benefits Liability Coverage, the "Supplementary Payments" provision is amended to read as follows:

**Supplementary Payments**

The company will pay, as part of and not in addition to, the applicable limit of liability:

- (a) all expenses incurred by the company, all costs taxed against the **insured** in any suit defended by the company and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before the company has paid or tendered or deposited in court that part of the judgment which does not exceed the limit of the company's liability thereon.

The company does not certify that these documents constitute a complete and accurate copy of the policy.

- (b) premiums on appeal bonds required in any such suit, and premiums on bonds to release attachments in any such suit, for an amount not in excess of the applicable limit of liability of this insurance, but the company shall have no obligation to apply for or furnish any such bonds;
- (c) reasonable expenses incurred by the **Insured** at the company's request in assisting the company in the investigation or defense of any claim or suit, including actual loss of earnings not to exceed \$25 per day.

#### IV. LIMITS OF LIABILITY — DEDUCTIBLE

Regardless of the number of (1) **Insureds** under this policy, or (2) claims made or suits brought on account of alleged acts or omissions by an **Insured**, the company's liability is limited as follows:

With respect to this insurance, the limit of liability stated in the Schedule as applicable to "each claim" is the total limit of the company's liability, including liability for all damages and for all costs, expenses and premiums for release of attachment or appeal bonds described in the "Supplementary Payments" provision and incurred in accordance therewith, on account of each claim to which this insurance applies.

For the purpose of applying the limits of the company's liability, all damages claimed by one employee as the result of a series of acts or omissions shall be considered as comprising one claim.

\$1000 shall be deducted from the total amount of damages, exclusive of such costs, expenses and premiums, on account of each claim. All the terms of this insurance apply irrespective of the application of the deductible amount and the company may pay any part or all of the deductible amount to effect settlement of any claim or suit and, upon notification of the action taken, the **Insured** shall promptly reimburse the company for such part of the deductible amount as has been paid by the company.

The limit of liability stated in the Schedule as "aggregate" is, subject to the above provision respecting "each claim", the total limit of the company's liability, including liability for all damages and for all such costs, expenses and bond premiums incurred, on account of all claims to which this insurance applies.

#### V. ADDITIONAL DEFINITIONS

When used in reference to this insurance (including endorsements forming a part of the policy):

"administration" means

- (1) giving counsel to employees of the **named Insured** including the employees' dependents and beneficiaries with respect to eligibility in or scope of **Employee Benefit Programs** available to such employee by virtue of his employment by the **named Insured**;
- (2) handling of records in connection with **Employee Benefit Programs**;
- (3) effecting or terminating enrollment of any employee of the **named Insured** under **Employee Benefit Program**;

provided all such acts are authorized by the **named Insured**;

"**Employee Benefit Programs**" means a formal program or programs of employee benefits maintained in connection with the business or operations of the **named Insured** covered by the Bodily Injury and Property Damage Liability Coverages of this policy, such as but not limited to Group Life Insurance, Group Accident or Health Insurance, Pension Plans, Employee Stock Subscription Plans, Workmen's Compensation, Unemployment Insurance, Social Security and Disability Benefits.

#### VI. CONDITIONS

- 1. All of the Conditions of the policy apply to this insurance except "Financial Responsibility Laws" and "Other Insurance".
- 2. **Excess Insurance** This insurance shall be excess insurance over any other valid and collectible insurance available to the **Insured**, and shall not contribute with any such other insurance.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



**GENERAL LIABILITY**  
Amendatory Endorsement — Notice  
(TEXAS)



**THE HARTFORD**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE  
COMPREHENSIVE PERSONAL INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
FARMER'S COMPREHENSIVE PERSONAL INSURANCE  
FARM EMPLOYERS' LIABILITY AND FARM EMPLOYEES'  
MEDICAL PAYMENTS INSURANCE  
FARMERS MEDICAL PAYMENTS INSURANCE  
MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE  
OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE  
PREMISES MEDICAL PAYMENTS INSURANCE  
STOREKEEPER'S INSURANCE  
HOSPITAL PROFESSIONAL LIABILITY INSURANCE

As respects *bodily injury* liability coverage and *property damage* liability coverage, unless the company is prejudiced by the *insured's* failure to comply with the requirement, any provision of this policy requiring the *insured* to give notice of action, *occurrence* or loss, or requiring the *insured* to forward demands, notices, summons or other legal process, shall not bar liability under this policy.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy other than as herein stated.

This endorsement forms a part of the policy, issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates an endorsement forms a part thereof, and takes effect as of the effective date of said policy.

  
President

L-3600-0 Printed in U.S.A. (ISO-G525)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**Additional Personal Injury  
Protection Endorsement  
(Minnesota)**



THE HARTFORD

This endorsement forms a part of Policy No. 10 C A43349E  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date 12:01 A. M., standard  
time at the address of the named insured as stated herein.

**SCHEDULE**

**SCHEDULE OF BENEFITS—ADDITIONAL PERSONAL INJURY PROTECTION COVERAGE**  
The Company will pay up to the limit indicated for each of the benefits shown.

A. MEDICAL EXPENSES	B. WORK LOSS	C. ESSENTIAL SERVICES EXPENSES	D. FUNERAL EXPENSES	E. SURVIVORS' LOSS	AUTO No.	PREMIUM
\$100,000 per person	\$ 50,000 per week	\$ 25,000 per day	\$ INCL per person	\$ 400. per week	23	\$ 36.00
AGGREGATE LIMIT FOR BENEFITS B, C, D AND E \$						\$
TOTAL AGGREGATE LIMIT FOR ALL PERSONAL INJURY PROTECTION BENEFITS \$						\$
					TOTAL PREMIUM \$	36.00

Named Individual(s):

It is agreed that such insurance as is afforded with respect to **bodily injury** sustained by the **named insured** or a **relative** under the Personal Injury Protection Endorsement (Minnesota) is extended to apply as follows:

- Such limits as are stated in the Schedule of this endorsement shall apply in lieu of, and not in addition to, those stated in the Schedule and in the "Limits of Liability" provision of the Personal Injury Protection Endorsement (Minnesota).
- The insurance so afforded and the insurance as extended by this endorsement also apply with respect to **bodily injury** sustained by an individual specifically named in the Schedule hereof as though he were the **named insured**, or by a spouse or any other person related to such named individual by blood, marriage or adoption (including a ward, foster child, or minor in the custody of such named individual or such related person) who is a resident of the same household as such named individual, or who usually makes his home in the same household but temporarily lives elsewhere, as though such person were a **relative**.
- This insurance does not apply to **bodily injury** sustained by any person while occupying, or while a pedestrian through being struck by, a **motor vehicle** owned by such person with respect to which additional personal injury protection coverage is not in effect.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....  
Authorized Agent

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

# New Jersey Additional Personal Injury Protection



## THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A433495** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... 12:01 A.M., standard time  
at the address of the named insured as stated herein.

### SCHEDULE

- Each of the following persons is a Person Insured for Additional Personal Injury Protection Coverage:
  - The **named insured** and his spouse if a resident of the same household.
  - ..... (3) .....
- The applicable limits of the Company's liability under the Basic Protection Endorsement for **income continuation benefits** and **essential services benefits** shall be as stated herein, subject to all the terms of the policy having reference thereto.

COVERAGE	MAXIMUM	MAXIMUM TOTAL	AUTO NO.	PREMIUMS
Income Continuation Benefits	A. \$ <b>35,400</b> Weekly	B. \$		\$ <b>129.00</b>
Essential Services Benefits	C. \$ <b>10,220</b> Per Day	D. \$		\$
				\$

**TOTAL PREMIUM \$ 129.00**

It is agreed that the New Jersey Basic Personal Injury Protection Endorsement, hereinafter called the Basic Protection Endorsement, is amended as follows, but only with respect to any amounts payable thereunder because of **bodily injury** to an **eligible injured person** who is specifically designated herein as a Person Insured for Additional Personal Injury Protection Coverage:

- The weekly and total limits applicable to **income continuation benefits** as stated in the Basic Protection Endorsement are amended by substituting therefor, respectively, the amounts shown opposite A. and B. in the Schedule above.
- The per day and total limits applicable to **essential service benefits** as stated in the Basic Protection Endorsement are amended by substituting therefor, respectively, the amount shown opposite C. and D. in the Schedule above.
- The limits of the Company's liability stated herein for **income continuation benefits** and **essential services benefits** shall not operate to increase the amount of any **survivor benefits** payable under the Basic Protection Endorsement.
- The Company will pay an added death benefit of \$10,000 to the surviving spouse, or if there is no surviving spouse, to the surviving children, or if there are no surviving spouse or surviving children, to the estate of the Person Insured for Additional Personal Injury Protection Coverage if his death results from **bodily injury** for which Basic Personal Injury Protection Benefits are payable and occurs within 90 days of the accident.
- Subject to the limits of liability shown in the Schedule, the Company shall not be liable for more than 75% of weekly **income** in excess of \$100, provided, however, that after \$5,200 has been paid as **income continuation benefits** at the rate specified in the Basic Protection Endorsement the Company shall not be liable for more than 75% of weekly **income** thereafter.
- This endorsement is subject to all the terms and provisions of the Basic Protection Endorsement not expressly modified herein.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....  
Authorized Agent

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



# Automobile Medical Payments Insurance Coverage Part

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is with respect to the following coverage as indicated by specific premium charge or charges. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premium	Limits of Liability
F — Automobile Medical Payments	\$ 1443.00	\$ 5,000 each person

### Designation of Automobiles—Division 1

- (1) ☐ Any owned automobile
- (2) ☐ Any hired automobile
- (3) ☒ Any licensed owned private passenger automobile
- (4) ☐ Any automobile described in the schedule and designated "M.P."
- (5) ☐ Any non-owned automobile
- (6) ☐ .....

### Designated Person Insured—Division 2

#### Advance Premium

\$  
\$  
\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

The conditions and provisions printed on page AMP-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature in the declaration page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

Business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

ATTACH FORMS ALONG MARGIN BELOW THIS MARK + COMPANY COPY

# Protection Against Uninsured Motorists Insurance Coverage Part

Und. Approved	ential port	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U — Uninsured Motorists	\$ 297.00	\$ 10 ,000 each person \$ 20 ,000 each accident

Designated Insured:

AS RESPECTS TO: WISCONSIN MAINE AND MINNESOTA

Description of Insured Highway Vehicles  
(Check appropriate box)

- ☒ Any automobile owned by the named insured
- ☐ Any private passenger automobile owned by the named insured
- ☐ Any highway vehicle to which are attached dealer's license plates issued to the named insured
- ☐ Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the named insured as a replacement therefor
- ☐ Any mobile equipment owned or leased by and registered in the name of the named insured
- ☐ .....

## I. COVERAGE U — UNINSURED MOTORISTS (Damages for Bodily Injury)

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury sustained by the insured, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

### Exclusions

This insurance does not apply:

- (a) to bodily injury to an insured with respect to which insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

- (b) to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;

- (c) so as to inure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

## II. PERSONS INSURED

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature by the declaratory page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

does not certify that these documents constitute a complete and accurate copy of the policy.

# **Protection Against Uninsured Motorists Insurance Coverage Part**

Und. Approved	Initial	Und. Notes:
Quality Control	port	

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## **SCHEDULE**

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U — Uninsured Motorists	\$ 32.00	\$ 15 ,000 each person \$ 30 ,000 each accident

Designated Insured:

**AS RESPECTS TO: NEW JERSEY**

Description of Insured Highway Vehicles  
(Check appropriate box)

- ☒ Any automobile owned by the named insured
- ☐ Any private passenger automobile owned by the named insured
- ☐ Any highway vehicle to which are attached dealer's license plates issued to the named insured
- ☐ Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the named insured as a replacement therefor
- ☐ Any mobile equipment owned or leased by and registered in the name of the named insured
- ☐ .....

## **I. COVERAGE U — UNINSURED MOTORISTS (Damages for Bodily Injury)**

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury sustained by the insured, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

### **Exclusions**

This insurance does not apply:

- (a) to bodily injury to an insured with respect to which such insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

- (b) to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;

- (c) so as to inure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

## **II. PERSONS INSURED**

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, form is not countersigned, countersignature on the reverse side of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

the company located these documents in its  
does not certify that these documents constitute  
a complete and accurate copy of the policy;



## THE HARTFORD

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

*(For use only if this Coverage Part is effective after the effective date of the Policy)*

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the *named insured* as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
C — Bodily Injury Liability	\$ 1131.00	\$ SEE SINGLE each person \$ LIMIT ,000 each occurrence
D — Property Damage Liability	\$ 366.00	\$ ENDT ,000 each occurrence

### Description of Hazards

1. Owned Automobiles	Premium Basis — Per Automobile
----------------------	--------------------------------

Year Model		Body Type - Truck Size	Identification No. (I)	(1) Town and State in which the automobile will be principally garaged	(a) Purpose of Use	Advance Premiums	
Trade Name		(Truck Load, Callonage, Bus Seating Capacity)	Serial No. (S)	Motor No. (M)	Classification	Coverage C	Coverage D
SEE SCHEDULE ATTACHED						952.00	276.00

2. Hired Automobiles	Premium Basis—Total Cost of Hire
----------------------	----------------------------------

Types Hired (b)	Locations where automobiles will be principally used	Purposes of Use (a)	Estimated Total Cost of Hire	Rates per \$100 Total Cost of Hire	
				Coverage C	Coverage D
IF ANY	NORTH BRUNSWICK, N.J.				
	COM				
	PPT				

3. Non-Owned Automobiles	Premium Basis—Total Number of Employees at all Locations
1960	1960
1961	1961
1962	1962
1963	1963
1964	1964
1965	1965
1966	1966
1967	1967
1968	1968
1969	1969
1970	1970
1971	1971
1972	1972
1973	1973
1974	1974
1975	1975
1976	1976
1977	1977
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2098	2098
2099	2099
2100	2100
2101	2101
2102	2102
2103	2103
2104	2104
2105	2105
2106	2106
2107	2107
2108	2108
2109	2109

### Total Number of Employees at all Locations

900 NORTH BRUNSWICK, N.J.

179.00	90.00
--------	-------

Form Numbers of Endorsements forming part of this Coverage Part at issue:

	TOTAL ADVANCE PREMIUMS	\$ 1131.00	\$ 366.00
--	------------------------	------------	-----------

The conditions and provisions printed on page CAL-2 of this form are hereby referred to and made a part hereof.

**This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.**

business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

(a) P & B = *Pleasure and Business*; C = *Commercial*

(b) PP = Private Passenger Automobile; C = Commercial Automobile

Form A-3717-0 GDR Printed in U. S. A. (ISO: CP-00-10) Ed. 10-'75

CAL-1



Und. Approved	Confidential report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

### SCHEDULE

The insurance afforded is only with respect to such of the following coverages and hazards thereunder as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Limits of Liability	Hazards	Advance Premiums
<b>GARAGE LIABILITY</b>		<i>Garage operations including</i>	
<b>G. Bodily Injury Liability</b>	\$.....,000 each person	<i>Automobile Hazard 1</i>	\$.....
		<i>Automobile Hazard 2</i>	\$.....
	\$.....,000 each occurrence	<i>Escalators</i>	\$.....
<b>H. Property Damage Liability</b>	\$.....,000 each occurrence subject to \$100 deductible as set forth in Limits of Liability provision.	<i>Garage operations including</i>	
		<i>Automobile Hazard 1</i>	\$.....
		<i>Automobile Hazard 2</i>	\$.....
		<i>Escalators</i>	\$.....
<b>EXPENSES FOR MEDICAL SERVICES</b>		<b>Premium Rate</b>	
<b>I. Automobile Medical Payments</b>	\$.....	.....% of Coverage G Premium	\$.....
<b>I. and J. Automobile and Premises Medical Payments</b>	each person	.....% of Coverage G Premium	\$.....
<b>GARAGEKEEPERS' LEGAL LIABILITY</b>	<b>Limits of Liability -- each location</b>	<b>Less Deductible</b>	
<b>K-1. Fire and Explosion</b>	As stated below		\$ INCL
<b>K-2. Theft of the Entire Automobile</b>	As stated below		\$ INCL
<b>K-3. Riot, Civil Commotion, Malicious Mischief and Vandalism</b>	As stated below	\$25 each loss caused by malicious mischief or vandalism	\$ INCL
<b>K-4. Collision or Upset</b>	As stated below. If Coverage K-4 is afforded, the limit stated below for each location includes \$5,000 limit for loss to property other than automobiles.	\$.....50.....each loss caused by Collision or Upset	\$ INCL
Form Numbers of Endorsements forming part of this Coverage Part at issue:			<b>Advance Prem. for Endorsements</b> \$.....
			<b>TOTAL ADVANCE PREMIUMS</b> \$.....

The following are the addresses of all premises where the named insured conducts garage operations.

Location No.	Address (Show main sales location, if any, as Location No. 1)	GARAGE LIABILITY -- Premium Basis			GARAGE LIABILITY -- Rates		GARAGEKEEPERS' LEGAL LIABILITY	
		(1) Class A	(2) Class B	(3) Remuneration	(1) (2) (3) Per \$100 Remuneration	(4) Per Automobile	Limit of Liability	Maximum No. of Customers' Automobiles Stored
1	Description of Escalator Location in Building	Code No.	(4) Total Number	(5) Total Number	Coverage G	Coverage H	\$.....	
2	Description of Escalator Location in Building	Code No.	(4) Total Number	(5) Total Number	Coverage G	Coverage H	\$.....	

All automobiles owned by the named insured are used principally in garage operations of the named insured, except automobiles (1) assigned to the named insured, a partner therein or a member thereof, or an executive officer thereof, or, if a resident of the same household, the spouse of any of them or (2) furnished to any person or organization named below.

Automobiles owned by the named insured are furnished to the following persons or organizations for their regular use for other business purposes or for non-business purposes (do not list the named insured, any partner, member, executive officer or, if a resident of the same household, the spouse of any of them, unless more than one automobile is furnished concurrently to such person and then show only the number of automobiles so furnished in excess of one):

Name: ..... Number of Such Automobiles: .....

The conditions and provisions printed on pages GAR-2, GAR-3 and GAR-4 are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

# Automobile Physical Damage Insurance (Fleet Automatic) Coverage Part

Und. Approved	Dental report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## Items

## SCHEDULE

1.(a) The Insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges and, under each such coverage, applies only to such covered automobiles as are indicated, by entry herein, of one or more of the designating numerals for that purpose appearing in division (b) of this Item. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Coverages	★ Covered Automobiles	Limit of Liability — each covered automobile		Advance Premiums
		Amount or "ACV" (Actual Cash Value)	Deductible	
O. Comprehensive	CA- CA-	ACV	\$	SEE SCHEDULE ATTACHED
P. Collision	CA- CA-		\$	\$ 265.00
Q. Fire, Lightning or Transportation	CA- CA-		\$	\$
R. Theft	CA- CA-		\$	\$
S. Windstorm, Hail, Earthquake or Explosion	CA- CA-		\$	\$
T. Combined Additional	CA- CA-		\$	\$
V. Towing (Not available in California)	CA- CA-	\$25 for each disablement		\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

### Maximum Limit of Liability

\$ Any one covered automobile  
\$ All covered automobiles at any one location  
\$ All covered automobiles

Advance Premium for Endorsements

TOTAL ADVANCE PREMIUMS

\$ 265.00

Records to be submitted ("M" = monthly; "Q" = quarterly; "S" = semi-annually):

(b) Explanation of above entries designating the covered automobiles to which this insurance applies, under each Coverage afforded:  
★ CA-1 = all covered automobiles CA-5 = the covered automobiles described in the Schedule of Covered Automobiles made a part hereof (including newly acquired vehicles, subject to the provisions of paragraph (b) of the "covered automobile" definition)  
CA-2 = all registered covered automobiles  
CA-3 = all covered automobiles of the private passenger type  
CA-4 = all covered automobiles of the commercial type  
When also entered with CA-1, 2, 3 or 4:  
6 = excluding vehicles leased to the named insured  
7 = excluding under Collision Coverage; any vehicle not having an actual cash value of at least \$

## 2. Schedule of Covered Automobiles as of effective date of this insurance

(a) Description; (b) Facts Respecting Purchase; (c) Limit of Liability (if not stated in Item 1 above), Rates, Advance Premiums

AUTO No.	(a)	Year Model	Body Type - Capacity (Truck Load, Gallons, Bus Seating)	Identification No. (I), Serial No. (S), Motor No. (M)	No. of Cyls. Model	Principally garaged in (Town, State)	*Purpose of Use	Classification				
1	SEE SCHEDULE ATTACHED.											
2												
AUTO No.	(b)	List Price	Actual Cost	Purchased Mo./Yr.—New (N); Used (U)	Rating Symbol	Any loss under Coverages other than Towing is payable as interest may appear to the <i>named insured</i> and the Loss Payee named below:						
1												
2												
AUTO No.	(c) Limit of Liability—each covered automobile described in (a) above and covered for:				Rates	Advance Premiums						
	Coverages other than Collision Enter: Amt. or "ACV"		Collision Enter: Deductible			Cov. O	Cov. P	Cov. Q	Cov. R	Cov. S	Cov. T	Cov. V
1		\$		\$		\$	\$	\$	\$	\$	\$	\$
2		\$		\$		\$	\$	\$	\$	\$	\$	\$
"ACV" means Actual Cash Value					Totals	\$	\$	\$	\$	\$	\$	\$

3. Except with respect to bailment lease, conditional sale, purchase agreement, mortgage or other encumbrance, the named insured is the sole owner of every covered automobile designated above as covered under this insurance, unless otherwise stated herein:

The conditions and provisions printed on pages PHF-2, PHF-3 and PHF-4 are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

\* P & B = Pleasure and Business; C = Commercial

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PHF-1

Countersigned by.....

Authorized Agent

## GARAGE INSURANCE -- COVERAGE PART

Und. Approved	Identical Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages and hazards thereunder as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Limits of Liability	Hazards	Advance Premiums
<b>GARAGE LIABILITY</b>		<i>Garage operations including</i>	
<b>G. Bodily Injury Liability</b>	\$.....,000 each person	<i>Automobile Hazard 1</i>	\$.....
	\$.....,000 each occurrence	<i>Automobile Hazard 2</i>	\$.....
		<i>Escalators</i>	\$.....
<b>H. Property Damage Liability</b>	\$.....,000 each occurrence subject to \$100 deductible as set forth in Limits of Liability provision.	<i>Garage operations including</i>	
		<i>Automobile Hazard 1</i>	\$.....
		<i>Automobile Hazard 2</i>	\$.....
		<i>Escalators</i>	\$.....
<b>EXPENSES FOR MEDICAL SERVICES</b>		<b>Premium Rate</b>	
<b>I. Automobile Medical Payments</b>	\$..... each person	.....% of Coverage G Premium	\$.....
<b>I. and J. Automobile and Premises Medical Payments</b>		.....% of Coverage G Premium	\$.....
<b>GARAGEKEEPERS' LEGAL LIABILITY</b>	<b>Limits of Liability -- each location</b>	<b>Less Deductible</b>	
<b>K-1. Fire and Explosion</b>	As stated below		\$ 502.00
<b>K-2. Theft of the Entire Automobile</b>	As stated below		\$ INCL
<b>K-3. Riot, Civil Commotion, Malicious Mischief and Vandalism</b>	As stated below.	\$25 each loss caused by malicious mischief or vandalism	\$ 168.00
<b>K-4. Collision or Upset</b>	As stated below. If Coverage K-4 is afforded, the limit stated below for each location includes \$5,000 limit for loss to property other than automobiles.	\$ 250.....each loss caused by Collision or Upset	\$ 388.00
Form Numbers of Endorsements forming part of this Coverage Part at issue:		<b>Advance Prem. for Endorsements</b>	\$.....
		<b>TOTAL ADVANCE PREMIUMS</b>	\$ 1058.00

The following are the addresses of all premises where the named insured conducts garage operations.

Location No.	Address (Show main sales location, if any, as Location No. 1)	GARAGE LIABILITY -- Premium Basis		GARAGE LIABILITY -- Rates		GARAGEKEEPERS' LEGAL LIABILITY	
		(1) (2) (3): Remuneration (4): Total Number (5): Total Number		(1) (2) (3): Per \$100 Remuneration (4): Per Automobile (5): Per Escalator		Limit of Liability	Maximum No. of Customers' Automobiles Stored
1	PHILTOWER BLDG. TULSA, OKLA.	(1) Class A \$..... (2) Class B \$..... (3) Class C \$..... (4) Furnished Automobiles..... (5) Escalators				\$ 750,000	315
2		(1) Class A \$..... (2) Class B \$..... (3) Class C \$..... (4) Furnished Automobiles..... (5) Escalators				\$.....	

All automobiles owned by the named insured are used principally in garage operations of the named insured, except automobiles (1) assigned to the named insured, a partner therein or a member thereof, or an executive officer thereof, or, if a resident of the same household, the spouse of any of them or (2) furnished to any person or organization named below.

Automobiles owned by the named insured are furnished to the following persons or organizations for their regular use for other business purposes or for non-business purposes (do not list the named insured, any partner, member, executive officer or, if a resident of the same household, the spouse of any of them, unless more than one automobile is furnished concurrently to such person and then show only the number of automobiles so furnished in excess of one):

Name: Number of Such Automobiles:

The conditions and provisions printed on pages GAR-2, GAR-3 and GAR-4 are hereby referred to and made a part of this Coverage Part. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.



Schedule of Automobiles and Covered Automobiles **PAGE #1**

This Schedule forms a part of Policy No. **10 C A433498** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A. M., standard time.



**THE HARTFORD**

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages							Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)			
						PIP									
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates		Premium		
1.	69 CHEV DUMP #C5439P843448			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$		
2.	75 DODGE P/U #D11B955164505			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$		
3.	69 CHEV P/U #KS2495804986			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$		
4.	70 FORD TRACTOR #C243596			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$		
5.	66 CHEV VAN #PG1266P105182			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$		
6.	66 INTL BACKHOE #05182			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$		
7.	73 DODGE P/U #026BE37103904			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$		
						\$	\$								
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$		
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 84.00	\$ 28.00					\$			
LOSS PAYEES -- IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$		
No.	Name and Address of Loss Payee				No.	\$ 182.00	\$ 14.00								
	CSL DISC 9% INC (.91)					The company located these documents in its business records. At this time, the company does not certify that these documents constitute									

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.





THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A43349E  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date .....12:01 A. M., standard time  
at the address of the named insured as stated herein.

NAMED INSURED ENDORSEMENT

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:  
COMPREHENSIVE GENERAL LIABILITY INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
PERSONAL INJURY LIABILITY INSURANCE  
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE  
AUTOMOBILE PHYSICAL DAMAGE INSURANCE  
PREMISES MEDICAL PAYMENTS INSURANCE  
EMPLOYEE BENEFIT INSURANCE

NAMED INSURED ENDORSEMENT

IT IS AGREED THAT ITEM #1, NAMED INSURED SHALL READ AS FOLLOWS:

BOY SCOUTS OF AMERICA, NATIONAL AND REGIONAL COUNCILS

SOUTH CINCINNATI PARKING GARAGE

PHILMONT SCOUT RANCH, CIMARRON, N.M.

PHILTOWER BUILDING, TULSA OKLA.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A43349E  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time  
at the address of the named insured as stated herein.

**ADDITIONAL INSURED  
(EMPLOYEES COUNCIL MEMBERS, ETC)**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE  
COMPREHENSIVE GENERAL LIABILITY INSURANCE  
AUTOMOBILE PHYSICAL DAMAGE INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
PERSONAL INJURY LIABILITY INSURANCE

IT IS AGREED THAT THE ADDITIONAL INSURED OF THE ABOVE MENTIONED POLICY  
ARE :

EMPLOYEES, COUNCIL MEMBERS, EXECUTIVE BOARD MEMBERS, VOLUNTEERS,  
TRUSTEES SPONSORS AND DONORS OF AUTOS ON WATERCRAFT.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A43349E  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date .....12:01 A. M., standard time  
at the address of the named insured as stated herein.

NOTICE OF OCCURRENCE

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE  
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE  
AUTOMOBILE PHYSICAL DAMAGE INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
PERSONAL INJURY LIABILITY INSURANCE

IT IS AGREED THAT NOTICE OF CLAIM OR SUIT TO THE INSURED, IS TO  
BE DEEMED EFFECTIVE ONLY WHEN GIVEN TO AN EXECUTIVE OFFICERS OR  
THE INSURANCE MANAGER AT B.S.A. NATIONAL HEADQUARTERS, NORTH  
BRUNSWICK, N. J.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A43349E  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date .....12:01 A. M., standard time  
at the address of the named insured as stated herein.

**ADDITIONAL INSURED**  
**(U.S. FOUNDATION FOR INTERNATIONAL SCOUTING)**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**ADDITIONAL INSURED**

IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE IT IS  
UNDERSTOOD AND AGREED THAT THE POLICY IS EXTENDED TO INCLUDE THE  
INTEREST OF U.S. FOUNDATION FOR INTERNATIONAL SCOUTING AS ADDITIONAL  
INSURED.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349B** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date ..... 12:01 A. M. standard time  
at the address of the named insured as stated herein. **ADDITIONAL INSURED**  
**(GOLDEN GATE SCOUTING)**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE, IT IS  
AGREED THAT THE POLICY IS EXTENDED TO INCLUDE THE INTEREST OF  
GOLDEN GATE SCOUTING AS AN ADDITIONAL INSURED.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A43349E  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the *named insured* as  
stated herein.

### ELIMINATION OF EXCLUSION "C"

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

#### PERSONAL INJURY LIABILITY INSURANCE

IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE IT IS  
AGREED THAT EXCLUSION (C) OF THE PERSONAL INJURY LIABILITY COVERAGE PART  
IS DELETED.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other  
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes  
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy  
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Countersigned by.....  
Authorized Agent

Form AI-8-0 A Printed in U. S. A. 10-66 NBCU:

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.



AUTOMOBILE

10 C A43349E

**PROTECTION AGAINST UNINSURED MOTORISTS INSURANCE  
(NEW JERSEY)**

This endorsement forms a part of the policy issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates this endorsement forms a part thereof, and takes effect as of the effective date of said policy.

SCHEDULE		
Designated Insured	Advance Premium	Limits of Liability
	Included	
		Bodily Injury Liability: 15 thousand dollars each person 30 thousand dollars each accident
		Property Damage Liability: 5 thousand dollars each accident

**Description of Insured Highway Vehicles:**

An insured highway vehicle is any highway vehicle registered or principally garaged in New Jersey (1) which is designated by ☒ below or (2) if no ☒ is entered below, which is an owned automobile under Section I of the policy.

- ☐ A private passenger automobile owned by the named insured
- ☐ Owned by the named insured
- ☐ Designated in the declarations of the policy by the letters "UM" and any highway vehicle of the same type ownership of which is acquired during the policy period by the named insured as a replacement therefor
- ☐ Any mobile equipment owned by the named insured
- ☐ .....

In consideration of the payment of premium and subject to all of the provisions of this endorsement and to the applicable provisions of the policy, the company agrees with the named insured as follows:

**I. UNINSURED MOTORISTS COVERAGE**

*(Damages for Bodily Injury and Property Damage Caused by Uninsured Highway Vehicles)*

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury or property damage, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury or property damage shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

**Exclusions**

This insurance does not apply:

- to bodily injury or property damage with respect to which the insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;
- to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
- to property contained in or struck by a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, but this exclusion does not apply to property of the named insured or his relatives while contained in or struck by a highway vehicle owned by a designated insured or his relatives;
- so as to insure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law;
- to the first \$100 of the amount of property damage to the property of each insured as the result of any one accident;
- so as to insure directly or indirectly to the benefit of any insurer of property;
- to property damage arising out of the ownership, maintenance or use of a hit-and-run vehicle.

**II. PERSONS INSURED**

Each of the following is an insured under this insurance to the extent set forth below:

- the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- any other person while occupying an insured highway vehicle; and
- any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

**III. LIMITS OF LIABILITY**

Regardless of the number of insureds under this insurance, the company's liability is limited as follows:

- The limit of bodily injury liability stated in the schedule as applicable to "each person" is the limit of the company's liability for all damages because of bodily injury sustained by one person as the result of any one accident and, subject to the above provision respecting "each person", the limit of liability stated in the schedule as applicable to "each accident" is the total limit of the company's liability for all damages because of bodily injury sustained by two or more persons as the result of any one accident.
- The limit of property damage liability stated in the schedule is the total limit of the company's liability for all damages because of property damage to all property of one or more insureds as the result of any one accident.
- Any amount payable under the terms of this insurance because of bodily injury or property damage sustained in an accident by a person who is an insured shall be reduced by
  - all sums paid on account of such bodily injury or property damage by or on behalf of
    - the owner or operator of the uninsured highway vehicle and
    - any other person or organization jointly or severally liable together with such owner or operator for such bodily injury or property damage,
  - including all sums paid under the bodily injury or property damage liability coverage of the policy, and
  - the amount paid and the present value of all amounts payable on account of such bodily injury under any workmen's compensation law, disability benefits law or any similar law.
- Any payment made under this insurance to or for any insured shall be applied in reduction of the amount of damages which he may be entitled to recover from any person insured under the bodily injury or property damage liability coverage of the policy.
- The company shall not be obligated to pay under this insurance that part of the damages which the insured may be entitled to recover from the owner or operator of an uninsured highway vehicle which represents expenses for medical services paid or payable under the medical payments or medical expense coverage of the policy or which represents loss paid or payable to the insured under any automobile physical damage insurance of the policy.

**IV. POLICY PERIOD; TERRITORY**

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

**V. ADDITIONAL DEFINITIONS**

When used in reference to this insurance (including endorsements forming a part of the policy):

- "bodily injury" means bodily injury, sickness or disease, including death, sustained by an insured under (a) or (b) of the Persons Insured provision;
- "designated insured" means an individual named in the schedule under Designated Insured and also includes his spouse, if a resident of the same household;
- "highway vehicle" means a land motor vehicle or trailer other than
- a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads,
  - a vehicle operated on rails or crawler-treads, or
  - a vehicle while located for use as a residence or premises;
- "hit-and-run vehicle" means (i) a highway vehicle which causes an accident resulting in bodily injury to an insured arising out of physical contact of such vehicle with the insured or with a vehicle which the insured is occupying at the time of the accident, or (ii) a highway vehicle which without physical contact with the insured or with a vehicle which the insured is occupying at the time of the accident causes bodily injury to an insured arising out of an accident in New Jersey, provided:
- there cannot be ascertained the identity of either the operator or owner of such highway vehicle; and
  - the insured or someone on his behalf shall have reported the accident within 48 hours to a police, peace or judicial officer or to the Commissioner of Motor Vehicles, and shall have filed with the company within 30 days thereafter a statement under oath that the insured or his legal representative has a cause or causes of action arising out of such accident for damages against a person or persons whose identity is unascertainable, and setting forth the facts in support thereof; and
  - at the company's request, the insured or his legal representative makes available for inspection the vehicle which the insured was occupying at the time of the accident; and
  - with respect to subdivision (ii) the facts of such accident can be corroborated by competent evidence other than the testimony of any person having a claim under this or any other similar insurance as the result of such accident;
- "insured highway vehicle" means a highway vehicle:
- described in the schedule as an insured highway vehicle to which the bodily injury and property damage liability coverage of the policy applies;
  - while temporarily used as a substitute for an insured highway vehicle as described in subparagraph (a) above, when withdrawn from normal use because of its breakdown, repair, servicing, loss or destruction;
  - while being operated by the named or designated insured or by the spouse of either if a resident of the same household;
- but the term "insured highway vehicle" shall not include:
- a vehicle while used as a public or livery conveyance, unless such use is specifically declared and described in the schedule;
  - a vehicle while being used without the permission of the owner;

- (iii) under subparagraphs (b) and (c) above, a vehicle owned by the named insured, any designated insured or any resident of the same household as the named or designated insured; or
  - (iv) under subparagraphs (b) and (c) above, a vehicle furnished for the regular use of the named insured or any resident of the same household;
- "named insured" means the individual named in item 1 of the declarations and also includes his spouse, if a resident of the same household;
- "occupying" means in or upon or entering into or alighting from;
- "property damage" means injury to or destruction of (i) an insured highway vehicle owned by the named insured or his spouse, if a resident of the same household, (ii) any property owned by an insured under (a) or (b) of the Persons Insured provisions while contained in such insured highway vehicle and (iii) any property owned by an insured under (a) of the Persons Insured provision while contained in any insured highway vehicle;
- "state" includes the District of Columbia, a territory or possession of the United States, and a province of Canada;
- "uninsured highway vehicle" means:
- (a) a highway vehicle with respect to the ownership, maintenance or use of which there is, in at least the amounts specified by the financial responsibility law of the state in which the insured highway vehicle is principally garaged, no bodily injury and property damage liability bond or insurance policy applicable at the time of the accident with respect to any person or organization legally responsible for the use of such vehicle, or with respect to which there is a bodily injury and property damage liability bond or insurance policy applicable at the time of the accident but the company writing the same denies coverage thereunder or is or becomes insolvent; or
  - (b) a hit-and-run vehicle, but only with respect to bodily injury caused thereby;
- but the term "uninsured highway vehicle" shall not include:
- (i) an insured highway vehicle,
  - (ii) a highway vehicle which is owned or operated by a self-insurer within the meaning of any motor vehicle financial responsibility law, motor carrier law or any similar law,
  - (iii) a highway vehicle which is owned by the United States of America, Canada, a state, a political subdivision of any such government or an agency of any of the foregoing.

#### VI. ADDITIONAL CONDITIONS

##### A. Policy Provisions.

None of the Insuring Agreements, Exclusions, Conditions or other provisions of the policy shall apply to the insurance afforded by this endorsement except the Conditions "Notice" (or "Notice of Accident" or "Insured's Duties in Event of Occurrence, Claim or Suit"), "Changes," "Assignment," "Cancellation" and "Declarations".

##### B. Premium.

If during the policy period the number of insured highway vehicles owned by the named insured or spouse or the number of dealer's license plates issued to the named insured changes, the named insured shall notify the company during the policy period of any change and the premium shall be adjusted in accordance with the manuals in use by the company. If the earned premium thus computed exceeds the advance premium paid, the named insured shall pay the excess to the company; if less, the company shall return to the named insured the unearned portion paid by such insured.

##### C. Proof of Claim.

As soon as practicable, the insured or other person making claim shall give to the company written proof of claim, under oath if required, including full particulars of the nature and extent of the injuries, treatment, and other details entering into the determination of the amount payable hereunder. The insured and every other person making claim hereunder shall submit to examinations under oath by any person named by the company and subscribe the same, as often as may reasonably be required. Proof of claim shall be made upon forms furnished by the company unless the company shall have failed to furnish such forms within 15 days after receiving notice of claim.

The injured person shall submit to physical examinations by physicians selected by the company when and as often as the company may reasonably require and he, or in the event of his incapacity his legal representative, or in the event of his death his legal representative or the person or persons entitled to sue therefor, shall upon each request from the company execute authorization to enable the company to obtain medical reports and copies of records.

The insured or other person making claim for damage to property shall file proof of loss with the company within sixty days after the occurrence of loss, unless such time is extended in writing by the company, in the form of a sworn statement setting forth the interest of the insured and of all others in the property affected, any encumbrances thereon, the actual cash value thereof at time of loss, the amount, place, time and cause of such loss, and the description and amounts of all other insurance covering such property. Upon the company's request, the insured shall exhibit the damaged property to the company.

##### D. Assistance and Cooperation of the Insured.

After notice of claim under this insurance, the company may require the insured to take such action as may be necessary or appropriate to preserve his right to recover damages from any person or organization alleged to be legally responsible for the bodily injury or property damage; and, in any action against the company, the company may require the insured to join such person or organization as a party defendant.

##### E. Notice of Legal Action.

If, before the company makes payment of loss hereunder, the insured or his legal representative shall institute any legal action for bodily injury or property damage against any person or organization legally responsible for the use of a highway vehicle involved in the accident, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded immediately to the company by the insured or his legal representative.

##### F. Other Insurance.

With respect to bodily injury to an insured while occupying a highway vehicle not owned by the named insured, this insurance shall apply only as excess insurance over any other similar insurance available to such insured and applicable to such vehicle as primary insurance, and this insurance shall then apply only in the amount by which the limit of liability for this coverage exceeds the applicable limit of liability of such other insurance.

Except as provided in the foregoing paragraph, if the insured has other similar insurance available to him and applicable to the accident, the damages shall be deemed not to exceed the higher of the applicable limits of liability of this insurance and such other insurance, and the company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this insurance and such other insurance.

With respect to property damage, the insurance hereunder shall apply only as excess insurance over any other valid and collectible insurance of any kind applicable to such property damage, and this insurance shall apply only in the amount by which the limit of liability for this coverage exceeds the amount recoverable under such other insurance.

##### G. Arbitration.

If any person making claim hereunder and the company do not agree that such person is legally entitled to recover damages from the owner or operator of an uninsured highway vehicle because of bodily injury or property damage to the insured, or do not agree as to the amount of payment which may be owing under this insurance, then, upon written demand of either, the matter or matters upon which such person and the company do not agree shall be settled by arbitration, which shall be conducted in accordance with the rules of the American Arbitration Association unless other means of conducting the arbitration are agreed to between the insured and the company, and judgment upon the award rendered by the arbitrators may be entered in any court having jurisdiction thereof. Such person and the company each agree to consider itself bound and to be bound by any award made by the arbitrators pursuant to this insurance.

##### H. Trust Agreement.

In the event of payment to any person under this insurance:

- (a) the company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the bodily injury or property damage because of which such payment is made;
- (b) such person shall hold in trust for the benefit of the company all rights of recovery which he shall have against such other person or organization because of the damages which are the subject of claim made under this insurance;
- (c) such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;
- (d) if requested in writing by the company, such person shall take, through any representative designated by the company, such action as may be necessary or appropriate to recover such payment as damages from such other person or organization, such action to be taken in the name of such person; in the event of a recovery, the company shall be reimbursed out of such recovery for expenses, costs and attorneys' fees incurred by it in connection therewith;
- (e) such person shall execute and deliver to the company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the company established by this provision.

##### I. Payment of Loss by the Company.

Any amount due hereunder is payable

- (a) to the insured, or
  - (b) if the insured be a minor to his parent or guardian, or
  - (c) if the insured be deceased to his surviving spouse, otherwise
  - (d) to a person authorized by law to receive such payment or to a person legally entitled to recover the damages which the payment represents;
- provided, the company may at its option pay any amount due hereunder in accordance with division (d) hereof.

##### J. Action Against Company.

No action shall lie against the company unless, as a condition precedent thereto, the insured or his legal representative has fully complied with all the terms of the policy applicable to this coverage.

##### K. This endorsement replaces any other provisions of the policy, including any endorsement forming a part thereof, affording similar insurance with respect to any damages arising out of the ownership, maintenance or use of an uninsured vehicle or a hit-and-run vehicle.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Form A-2993-0 Printed in U.S.A. 11-72 (ISO: A914a)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



**Personal Injury  
Protection Endorsement  
(Minnesota)**



**THE HARTFORD**

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A433492**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date.....12:01 A. M., standard  
time at the address of the named insured as stated herein.

**SCHEDULE OF BENEFITS**

The Company will pay up to the limit indicated for each of the benefits shown.

					AUTO No.	PREMIUM
<b>A. MEDICAL EXPENSES</b> \$20,000. per person less \$ deductible	<b>B. WORK LOSS</b> \$200. per week less \$ deductible	<b>C. ESSENTIAL SERVICES EXPENSES</b> \$15. per day	<b>D. FUNERAL EXPENSES</b> \$1,250. per person	<b>E. SURVIVORS' LOSS</b> \$200. per week	<b>23</b>	<b>\$ 3.00</b>
AGGREGATE LIMIT FOR BENEFITS B, C, D and E — \$10,000.						
					<b>TOTAL PREMIUM \$</b>	<b>3.00 INCL</b>

The Company agrees with the named insured, subject to all of the provisions of this endorsement and to all of the provisions of the policy except as modified herein, as follows:

**PERSONAL INJURY PROTECTION COVERAGE**

The Company will pay, in accordance with the Minnesota no-fault automobile insurance act, personal injury protection benefits for

- (a) medical expenses,
- (b) work loss,
- (c) essential services expenses,
- (d) funeral expenses and
- (e) survivors' loss

incurred with respect to **bodily injury** sustained by an **eligible injured person** caused by an accident arising out of the maintenance or use of a **motor vehicle** as a vehicle.

**Exclusions**

This coverage does not apply:

- (a) to **bodily injury** sustained by the named insured or any relative arising out of the maintenance or use of any **motor vehicle** owned by the named insured which is not an **insured motor vehicle**;
- (b) to **bodily injury** sustained by any relative arising out of the maintenance or use of any **motor vehicle** owned by such relative with respect to which the security required by the Minnesota no-fault automobile insurance act is not in effect;
- (c) to **bodily injury** sustained by any relative if such relative is entitled to personal injury protection coverage as a self-insured or as a named insured under the terms of any other policy with respect to such coverage;
- (d) to **bodily injury** sustained by any person, other than the named insured or a relative, if such person is entitled to personal injury protection coverage as a self-insured or as a named insured or relative under the terms of any other policy with respect to such coverage;
- (e) to **bodily injury** sustained by any person arising out of the maintenance or use of a **motor vehicle**, other than the **insured motor vehicle**,
  - (a) being used in the business of transporting persons or property, or
  - (b) furnished by the employer of the named insured or relative,

if with respect to such vehicle the security required by the Minnesota no-fault automobile insurance act is in effect, provided that such **bodily injury** is sustained while not occupying another involved **motor vehicle**;

- (f) to any benefits any person would otherwise be entitled to receive hereunder for **bodily injury** intentionally caused by such person or arising out of his intentionally attempting to cause **bodily injury**, and, if any person dies as a result of intentionally causing or attempting to cause **bodily injury** to himself, his survivors are not entitled to any **survivors' loss** benefits;
- (g) to **bodily injury** sustained by any person in the course of an officiated racing or speed contest, or in practice or preparation therefor;
- (h) to **bodily injury** sustained by any person if such injury arises out of conduct within the course of a business of repairing, servicing, or otherwise maintaining **motor vehicles** unless such conduct occurs off the business premises;
- (i) to **bodily injury** sustained by any person if such injury arises out of conduct in the course of loading or unloading any **motor vehicle** unless the conduct occurs while such person is occupying such **motor vehicle**;
- (j) to **bodily injury** sustained by any person while occupying a motorcycle;
- (k) to personal injury protection benefits otherwise payable in the event that a lapse of one year or more occurs in the period of disability and medical treatment of an **eligible injured person** as a result of any one accident;
- (l) to **bodily injury** sustained by any person, other than the named insured or any relative, arising out of the maintenance or use by such person of a **motor vehicle** without a good faith belief that he is legally entitled to use such **motor vehicle**;
- (m) to **bodily injury** sustained by any person, other than the named insured or any relative, while a pedestrian through

**SECTION I**

being struck by the **insured motor vehicle**, if the accident occurs outside the State of Minnesota;

- (n) to **bodily injury** sustained by any person arising out of the maintenance or use of a **motor vehicle** while located for use as a residence or premises;
- (o) to **bodily injury** due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing;
- (p) to **bodily injury** resulting from the radioactive, toxic, explosive or other hazardous properties of nuclear material;
- (q) with respect to work loss, essential services expenses, and survivors' loss, to **bodily injury** sustained by any person, other than the named insured or relative, while occupying any **motor vehicle**, not owned by the named insured or relative, which is being operated by the named insured or relative;
- (r) to **bodily injury** sustained by any person, other than the named insured or any relative, while occupying a vehicle which is regularly used in the course of the business of transporting persons or property and which is one of five or more vehicles under common ownership or a vehicle owned by a government other than the State of Minnesota, its political subdivisions, municipal corporations, or public agencies, if the accident occurs outside the State of Minnesota.

**Definitions**

When used in reference to this coverage:

"**bodily injury**" means bodily injury, sickness or disease including death at any time resulting therefrom;

"**eligible injured person**" means:

- (a) the named insured or any relative who sustains **bodily injury** while occupying, or while a pedestrian through, being struck by, any **motor vehicle** or motorcycle;
- (b) any other person who sustains **bodily injury** while occupying, or while a pedestrian through, being struck by, the **insured motor vehicle**;
- (c) any other person who sustains **bodily injury** while occupying a **motor vehicle** not owned by, but operated by the named insured or relative, other than a public or livery conveyance, if the **bodily injury** results from the operation of the **motor vehicle** by the named insured or relative;

"**essential services expenses**" means expenses reasonably incurred during a period commencing 8 days after the date of the accident and during the **eligible injured person's** lifetime, in obtaining usual and necessary substitute services in lieu of those that, had he not been injured, he would have performed not for income but for the direct benefit of himself or his household; if the non-fatally injured **eligible injured person** normally, as a full time responsibility, provides care and maintenance of a home, with or without children, the benefit is the reasonable value of such care and maintenance, if greater than the expense incurred;

"**funeral expenses**" means reasonable expenses for professional funeral and burial services including expenses for cremation, or delivery under the Minnesota Uniform Anatomical Gift Act;

"**insured motor vehicle**" means a **motor vehicle** with respect to which (a) the **bodily injury** liability insurance of the policy applies and for which a specific premium is charged, and

(b) the named insured is required to maintain security under the provisions of the Minnesota no-fault automobile insurance act;

"**medical expenses**" means all reasonable expenses incurred for necessary medical, surgical, x-ray, optical, dental, chiropractic and rehabilitative services, including prosthetic devices, prescription drugs, necessary ambulance, hospital, extended care and nursing services, including necessary remedial treatment and services recognized and permitted under the laws of Minnesota for an **eligible injured person** who relies upon spiritual means through prayer alone for healing in accordance with his religious belief;

"**motor vehicle**" means every vehicle including a trailer, other than a motorcycle or other vehicle with fewer than four wheels, which (a) is required to be registered pursuant to Minnesota Statutes, Chapter 163, or is. At this time, the company does not certify that these documents constitute

a complete and accurate copy of the policy.

(b) is designed to be self-propelled by an engine or motor for use primarily upon public roads, highways or streets in the transportation of persons or property;

"**named insured**" means the person or organization named in the declarations;

"**occupying**" means in or upon, entering into or alighting from;

"**relative**" means the spouse and any person related to the **named insured** by blood, marriage or adoption including a minor in the custody of the **named insured**, spouse or such related person who is a resident of the same household as the **named insured**, whether or not temporarily residing elsewhere;

"**survivors' loss**" means

(a) loss, in the event of the death of an **eligible injured person** occurring within one year from the date of the accident, of contributions of money or tangible things of economic value, not including services, that his surviving dependents would have received from him for their support during their dependency had he not suffered the fatal **bodily injury**, and

(b) expenses reasonably incurred by surviving dependents after the death of an **eligible injured person** in obtaining ordinary and necessary substitute services in lieu of those he would have performed for their benefit had he not suffered the fatal **bodily injury**; minus expenses of the surviving dependents avoided by reason of such death,

provided that the dependency of the surviving spouse shall be terminated in the event such surviving spouse remarries or dies, and the dependency of a child who is not physically or mentally incapacitated from earning shall be terminated in the event he attains majority, marries or becomes otherwise emancipated, or dies;

"**work loss**" means 85% of loss of gross income resulting from the **eligible injured person's** inability to work, reduced by any income from substitute work actually performed by the **eligible injured person**, or by any income he would have earned in available appropriate substitute work which he was capable of performing but unreasonably failed to undertake.

#### Policy Period; Territory

This coverage applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

#### Limits of Liability

Regardless of the number of persons insured, policies or plans of self-insurance applicable, claims made or insured motor vehicles to which this coverage applies, the Company's liability for personal injury protection benefits with respect to **bodily injury** sustained by any one **eligible injured person** in any one motor vehicle accident shall not exceed \$30,000 in the aggregate and subject to such aggregate:

(a) the maximum amount payable for **medical expenses** shall not exceed \$20,000;

(b) the maximum aggregate amount payable for **work loss, essential services expenses, funeral expenses and survivors' loss** shall not exceed \$10,000 provided that:

1. the maximum amount payable for **work loss** shall not exceed \$200 per week;

2. the maximum amount payable for **essential services expenses** shall not exceed \$15 per day;

3. the maximum amount payable for **funeral expenses** shall not exceed \$1,250; and

4. the maximum amount payable for **survivors' loss**

(i) with respect to paragraph (a) of the definition of **survivors' loss** shall not exceed \$200 per week; and

(ii) with respect to paragraph (b) of the definition of **survivors' loss** shall not exceed \$200 per week.

Any amount payable by the Company under the terms of this coverage shall be reduced by:

(a) any amounts paid, payable or required to be provided on account of such **bodily injury** under any workmen's compensation law;

(b) the amount of any deductible applicable to **medical expenses** set forth in the Schedule, but only with respect to **bodily injury** sustained by the **named insured** or by a relative, provided that, if two or more such persons sustain **bodily injury** in the same motor vehicle accident, the total amount of the deductible applicable to all of them shall not exceed the deductible amount stated in the Schedule and such amount shall be allocated equally among them;

(c) the amount of any deductible applicable to **work loss** set forth in the Schedule but only with respect to **bodily injury** sustained by the **named insured** or any relative.

#### SECTION II

In consideration of the coverage afforded under Section I and the adjustment of applicable rates:

(a) any amount payable under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle insurance policy because of **bodily injury** sustained by an **eligible injured person**;

#### Conditions

A. **Action Against Company.** No action shall lie against the Company unless as a condition precedent thereto, there shall have been full compliance with all the terms of this coverage.

B. **Notice.** In the event of an accident, written notice containing particulars sufficient to identify the **eligible injured person**, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each **eligible injured person** to the Company or any of its authorized agents within 6 months from the date of the accident. If an **eligible injured person**, his legal representative or his surviving dependents shall institute legal action to recover damages for **bodily injury** against a person or organization who is or may be liable in tort therefor, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such **eligible injured person**, his legal representative or his surviving dependents.

C. **Medical Reports; Proof of Claim; Rehabilitation Notice.** As soon as practicable, the **eligible injured person** or someone on his behalf shall give to the Company written proof of claim, under oath if required, including full particulars of the nature and extent of the **bodily injury**, treatment and rehabilitation received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The **eligible injured person** shall submit to physical and mental examination by physicians selected by the Company when and as often as the Company may reasonably require. An **eligible injured person** who has undertaken a procedure or treatment for rehabilitation or a course of rehabilitative occupational training, other than medical rehabilitation procedure or treatment, shall notify the Company that he has undertaken the procedure, treatment, or training within 60 days after a rehabilitation expense exceeding \$1,000 has been incurred for the procedure, treatment, or training, unless the Company knows or has reason to know of the undertaking. If the **eligible injured person** does not give the required notice within the prescribed time, the Company is responsible only for \$1,000 or the expense incurred after the notice is given and within the 60 days before the notice, whichever is greater, unless failure to give timely notice is the result of excusable neglect.

D. **Subrogation.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment under this coverage, the Company is subrogated to the rights of the person to whom or for whose benefit such payments were made, to the extent of such payments, and such person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. Such person shall do nothing after loss to prejudice such rights.

E. **Reimbursement and Trust Agreement.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment to any person under this coverage:

1. the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the **bodily injury** because of which such payment is made; and the Company shall have a lien to the extent of such payment, notice of which may be given to the person or organization causing such **bodily injury**, his agent, his insurer or a court having jurisdiction in the matter;

2. such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such **bodily injury**;

3. such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights; and

4. such person shall execute and deliver to the Company instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

F. **Non-Duplication of Benefits; Other Insurance.** No **eligible injured person** shall recover duplicate benefits for the same elements of loss under this or any similar insurance including self-insurance. In the event the **eligible injured person** has other similar insurance including self-insurance available and applicable to the accident, the maximum recovery under all such insurance shall not exceed the amount which would have been payable under the provisions of the insurance providing the highest dollar limit, and the Company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this coverage and such other insurance.

#### SECTION III

#### CONSTITUTIONALITY CLAUSE.

The premium for and the coverages of the policy have been established in reliance upon the provisions of the Minnesota no-fault automobile insurance act. In the event a court of competent jurisdiction declares, or enters a judgment the effect of which is to render,

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company certifies that these documents constitute a complete and accurate copy of the policy.



# New Jersey Basic Personal Injury Protection



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A433492** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A.M., standard time at the address of the named insured as stated herein.

## SCHEDULE

COVERAGE	Auto No.	PREMIUMS
	12	\$ 6.00
BASIC PERSONAL INJURY PROTECTION		\$
		\$
		\$
		\$
TOTAL PREMIUM \$		6.00 INCL

This endorsement provides coverage as required under the New Jersey Automobile Reparation Reform Act, commonly referred to as the "New Jersey No-Fault Law".

All terms printed in bold face, other than section headings or titles, are defined terms. For a complete understanding of provisions containing these terms refer to the section entitled "Definitions".

The Company agrees with the named insured, subject to all of the provisions in this endorsement and to all of the provisions of the policy except as modified herein, as follows:

## SECTION I

## Basic Personal Injury Protection.

The Company will pay basic personal injury protection benefits consisting of

- medical expense benefits,
- income continuation benefits,
- essential services benefits,
- survivor benefits, and
- funeral expense benefits

with respect to **bodily injury** sustained by an **eligible injured person**, caused by accident and arising out of the ownership, maintenance or use, including loading or unloading, of a **private passenger automobile** as an automobile.

## Exclusions.

The insurance under this endorsement does not apply:

- to **bodily injury** to a person whose conduct contributed to the injury in any of the following ways:
  - while committing a high misdemeanor or felony or seeking to avoid lawful apprehension or arrest by a police officer, or
  - while acting with specific intent to cause injury or damage to himself or others;
- to **bodily injury** to the named insured or any relative of the named insured sustained while occupying, using or entering into or alighting from a **private passenger automobile** which is not an **insured automobile** under this policy, if he is required to maintain automobile liability insurance coverage with respect to the automobile under the New Jersey Automobile Reparation Reform Act;
- to **bodily injury** to any person, other than the named insured or a relative of the named insured or a resident of New Jersey, if the accident occurs outside of New Jersey;
- to **bodily injury** arising out of the ownership, maintenance, or use, including loading or unloading, of any vehicle while located for use as a residence or premises other than for transitory recreational purposes;
- to **bodily injury** due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing;
- to **bodily injury** resulting from the radioactive, toxic, explosive or other hazardous properties of nuclear material.

## Definitions

When used in reference to this insurance:

"**bodily injury**" means bodily injury, sickness or disease, including death at any time resulting therefrom;

"**eligible injured person**" means

- the named insured or any relative of the named insured, if the named insured or relative sustains **bodily injury**
  - while occupying, using, entering into or alighting from a **private passenger automobile**, or
  - while a **pedestrian**, caused by a **private passenger automobile** or as a result of being struck by an object propelled by or from such an automobile; or
- any other person who sustains **bodily injury**
  - while, with the permission of the named insured, occupying, using, entering into or alighting from the **insured automobile**, or
  - while a **pedestrian**, caused by the **insured automobile** or as a result of being struck by an object propelled by or from the **insured automobile**;

"**essential services benefits**" means an amount not exceeding a limit of \$12.00 per day and a total limit of \$4,380 payable to an **eligible**

**injured person** as reimbursement for payments made to others, for substitute essential services of the type actually rendered during his lifetime and which he would ordinarily have performed not for **income** but for the care and maintenance of himself and his relatives;

"**funeral expense benefits**" means an amount not exceeding \$1,000 for reasonable funeral, burial and cremation expenses incurred;

"**income**" means salary, wages, tips, commissions, fees and other earnings derived from work or employment;

"**income continuation benefits**" means an amount not exceeding a limit of \$100 per week and a total limit of \$5,200 payable for the loss of **income** of an **income producer** during his lifetime, as a result of **bodily injury** disability;

"**income producer**" means a person who, at the time of the accident, was in an occupational status, earning or producing **income**;

"**insured automobile**" means an automobile with respect to which the named insured is required to maintain automobile liability insurance coverage under the New Jersey Automobile Reparation Reform Act, to which the bodily injury liability insurance of the policy applies and for which a specific premium is charged;

"**medical expense benefits**" means all reasonable expenses incurred for medical, surgical and dental treatment, professional nursing, hospital and rehabilitation services, x-ray and other diagnostic services, prosthetic devices, ambulance services, medication and other reasonable and necessary expenses incurred for treatment prescribed by persons licensed to practice medicine, surgery, psychology or chiropractic, or for any nonmedical remedial treatment rendered in accordance with a recognized religious method of healing;

"**named insured**" means the person or organization named as the insured in the declarations. If the **insured automobile** is owned by a farm family co-partnership or corporation, the term "**named insured**" also includes the head of the household of each family designated in the policy as having a working interest in the farm;

"**pedestrian**" means any person who is not occupying a vehicle propelled by other than muscular power and designed primarily for use on highways, rails and tracks and includes any person who is entering into or alighting from such a vehicle;

"**private passenger automobile**" means a self-propelled vehicle designed for use principally on public roads and which is one of the following types:

- a private passenger or station wagon type automobile,
- a pick-up or panel truck or delivery sedan, or
- a utility automobile designed for personal use as a camper or motor home or for family recreational purposes; but,

a **private passenger automobile** does not include a motorcycle, an automobile used as a public or livery conveyance for passengers, a pick-up or panel truck, delivery, sedan or utility automobile customarily used for business, occupational or professional purposes other than farming or ranching or a utility automobile customarily used for the transportation of passengers other than members of the user's family or their guests;

"**relative**" means a person related to the named insured by blood, marriage or adoption (including a ward or foster child) who is a resident of the same household as the named insured;

"**survivor benefits**" means the amount or amounts payable in the event of the death of an **eligible injured person** as determined in subdivision (1) or (2) hereof, as appropriate;

- if the **eligible injured person** was an **income producer** at the time of the accident, an amount equal to the difference between \$5,200 and all basic **income continuation benefits** paid for any loss of **income** resulting from his injury prior to his death;
- if the **eligible injured person** ordinarily performed essential services for the care and maintenance of himself, his family or family household, an amount not to exceed the difference between \$4,380 and all basic **essential services benefits** paid with respect to his injury prior to death.

This document is a copy of the policy. The company does not certify that these documents constitute a complete and accurate copy of the policy.

**Limit of Liability**

Any amount payable by the Company as personal injury protection benefits with respect to **bodily injury** shall be reduced by all amounts paid, payable or required to be provided under any workmen's compensation or employees temporary disability law, or under Medicare provided under federal law.

The applicable limit on **income continuation benefits** applies separately to each full regular and customary work week of an **eligible injured person**. If his disability from work or employment consists of or includes only a part of such a week, the Company shall be liable for only that proportion of such weekly limit that the number of days lost from work or employment during the part week bears to the number of days in his full work week.

**Policy Period; Territory**

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions or Canada.

**Conditions**

1. **Notice.** In the event of an accident, written notice containing particulars sufficient to identify the **eligible injured person**, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each **eligible injured person** to the Company or any of its authorized agents as soon as practicable. If any **eligible injured person**, his legal representative or survivors shall institute legal action to recover damages for injury against a person or organization who is or may be liable in tort therefor, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such **eligible injured person**, his legal representative or his survivors.

2. **Medical Reports; Proof of Claim.** As soon as practicable the **eligible injured person** or someone on his behalf shall give to the Company written proof of claim, including full particulars of the nature and extent of the injuries and treatment received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The **eligible injured person** shall submit to physical examination by physicians when and as often as the Company may reasonably require and a copy of the medical report will be forwarded to such **eligible injured person** if requested.

3. **Multiple Policies Applicable to One Accident; Non-duplication of Benefits; Priority of Complying Policies.** Regardless of the number of automobiles insured for basic personal injury protection coverage pursuant to Section 4 of the New Jersey Automobile Reparation Reform Act, or the number of insurers or policies affording such coverage, there shall be no duplication of payment of basic personal injury protection benefits and the aggregate maximum amount payable under this and all applicable policies with respect to **bodily injury** to any one person as the result of any one accident shall not exceed the applicable amounts or limits specified in Section 4 of said Act.

This Insurance applies on a primary basis to **bodily injury** to the **named insured** and his **relative** and on a secondary basis to all other **eligible injured persons**. Similarly, the basic personal injury protection coverage provided by other complying policies applies on a primary basis to **bodily injury** to those persons who are named insureds under such policies and their relatives. If an **eligible injured person** to whom this insurance applies on a secondary basis has other basic personal injury protection coverage under another complying policy applicable to his **bodily injury** on a primary basis, all claims for basic personal injury protection benefits shall first be made against the insurer issuing the other complying policy. No basic personal injury protection benefits shall be due and payable under this insurance unless the other insurer fails to pay such benefits by reason of insolvency and the Company has been given written notice by the claimant of such failure. "Complying Policy" means a policy of automobile liability insurance maintained pursuant to the requirements of Section 3 of the New Jersey Automobile Reparation Reform Act and providing basic personal injury protection coverage as approved by the Commissioner of Insurance.

4. **Reimbursement and Trust Agreement.** Subject to any applicable limitations set forth in the New Jersey Automobile Reparation Reform Act, in the event of any payment to any person under this endorsement:

- the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the **bodily injury** because of which such payment is made; and the Company shall have a lien to the extent of such payment notice of which may be given to the person or organization causing such **bodily injury**, his agent, his insurer or a court having jurisdiction in the matter;
- such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such **bodily injury**;
- such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;
- such person shall execute and deliver to the Company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Form A-2991-2 TERM

5. **Payment of Personal Injury Protection Benefits. Medical expense benefits and essential services benefits** may be paid at the option of the Company to the **eligible injured person** or the person or organization furnishing the products or services for which such benefits are due. In the event of the death of an **eligible injured person** any amounts payable, but unpaid prior to death, for **medical expense benefits** are payable to the **eligible injured person's** estate.

Benefits payable under subdivision (1) of the definition of **survivor benefits** are payable to the **eligible injured person's** surviving spouse, or if there is no surviving spouse, to his surviving children, or if there are no surviving spouse or surviving children, to the **eligible injured person's** estate.

Benefits payable under subdivision (2) of the definition of **survivor benefits** are payable to the person who has incurred the expense of providing essential services.

**Funeral expense benefits** are payable to the **eligible injured person's** estate.

**SECTION II****Extended Medical Expense Benefits**

The Company will pay **medical expense benefits** not to exceed the total amount of \$10,000 and **funeral expense benefits** with respect to **bodily injury** sustained by an **insured person**, caused by an accident occurring during the policy period within the United States of America, its territories or possessions or Canada and arising out of the ownership, maintenance or use, including loading or unloading, of an **insured automobile** or of a **highway vehicle** not owned by or furnished or available for the regular use of the **named insured** or any relative of the **named insured**.

**Exclusions**

The insurance under Section II is subject to all of the exclusions applicable to Section I, except that the word "person" in exclusion (c) is replaced by the word "pedestrian".

**Definitions**

The definitions under Section I apply to Section II and under Section II: "highway vehicle" means a land motor vehicle or trailer other than (1) a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads, (2) a vehicle operated on rails or crawler-treads or (3) a vehicle while located for use as a residence or premises;

"insured person" means

- the **named insured** or any relative of the **named insured**, if the **named insured** or relative sustains **bodily injury**
  - while occupying, using, entering into or alighting from a **highway vehicle**; or
  - while a **pedestrian**, caused by a **highway vehicle**;
- any other person who sustains **bodily injury** while occupying a **highway vehicle** (other than a motorcycle or a vehicle while being used as a public or livery conveyance) if such **highway vehicle** is being operated by the **named insured** or a relative of the **named insured** or any other person using such **highway vehicle** with the permission of the **named insured**;
- any other person who sustains **bodily injury** while occupying an **insured automobile** if such **insured automobile** is being operated by the **named insured** or a relative of the **named insured** or any other person using such **insured automobile** with the permission of the **named insured**.

**Conditions**

Conditions 1, 2 and 4 of Section I apply to Section II, substituting the term "insured person" for "eligible injured person" wherever it appears therein. The following additional condition applies under Section II:

**Other Insurance or Benefits.** This insurance does not apply to loss or expense with respect to which an **insured person** is entitled to benefits under any workmen's compensation law or Medicare provided under federal law or under Section 4 of the New Jersey Automobile Reparation Reform Act.

This insurance does not apply to loss or expense to the extent that benefits are payable or are required to be provided therefor under any other automobile no-fault law or under any other automobile medical payments insurance.

**SECTION III**

In consideration of the insurance afforded under Sections I and II of this endorsement, and the adjustment of applicable rates:

- any amount payable for economic loss under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable under this or any other automobile insurance policy because of **bodily injury** to an **eligible injured person**;
- any Automobile Medical Payments or Medical Expense Coverage afforded under the policy is deleted with respect to an automobile which is an **insured automobile**.

**SECTION IV****Premium Recomputation**

The premium for the policy is based on rates which have been reduced in accordance with Section 18 of the New Jersey Automobile Reparation Reform Act to reflect the limitations on the right to recover damages imposed by Section 8 of said Act. If a court of competent jurisdiction declares, or enters a judgment the effect of which is to render, Section 8 of the Act invalid or unenforceable in whole or in part, the Company shall have the right to recompute the premium payable for the policy on the basis of revised rates which are subject to approval by the Commissioner of Insurance.

The company located these documents in its business records. At this time, the company certifies that these documents constitute a complete and accurate copy of the policy.



THE HARTFORD

Underlying Copy - S.A.I.D.

PREMIUM / COMMISSION NOTIFICATION LETTER

11-15-76

(Date)

TO: WILSON & ALLEN INC.

(Producer)

25 0480

(Code)

☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter

Gentlemen:

Insured: BOY SCOUTS OF AMERICA NATIONAL COUNCILNORTH BRUNSWICK, N. J.Policy No.: 10 CA 43349EPolicy Period: 1-1-76 - 1-1-77

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<u>AUTO PHY DAM</u>	\$ <u>A/P \$42.00</u>	@ <u>15</u> %
	\$ _____	@ _____ %
	\$ _____	@ _____ %
	\$ _____	@ _____ %
	\$ _____	@ _____ %
	\$ _____	@ _____ %

Special Premium Instructions:

UNDERWRITING DEPARTMENT  
 The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final audit.

Form G-2168-2 Printed in U. S. A. 5-72

COMPANY COPY

Subject to Protective Order - Highly Confidential

BSA-PLAN\_00251869

SA 2821





**Change, Elimination or Addition of Automobile Coverage**  
**Change of Coverage — Amendment of Declarations**

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK, N J

SA 2822

11-15 EV.

A/P \$32.00

WILSON & ALLEN INC. 25 0480



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10 CA 43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK, N J

Effective date 9-1-76 12:01 A.M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

AUTOMOBILE PHYSICAL DAMAGE INSURANCE

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBES ON FORM A3471-0 COMPREHENSIVE COVERAGE IS ADDED.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....  
Authorized Agent

Form AL-8-1 A Printed in U.S.A. ISO:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

11-15 EV WILSON & ALLEN INC. 25 0480

R/P\$240.



THE HARTFORD

This endorsement forms a part of Policy No. 10 CA 43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK, N J

Effective date 9-1-76 12:01 A.M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBES ON FORM A3471-O IS ELIMINATED FOR LIABILITY COVERAGE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....  
Authorized Agent

Form AL-8-1 A Printed in U.S.A. ISO:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## Schedule of Automobiles and Covered Automobiles

P/R. 354

This Schedule forms a part of Policy No. **10 CA 43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **9-1-76**  
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered auto- mobile)		
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium		
	Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol										
20	72 CHEV CARRYALL #CCE262F175642			C		\$	\$	0	\$	\$		\$	\$	
	BOULDER JUNCTION WISC.			09	IND TRK	3650	\$		\$		\$		\$	\$
22	72 INTL TRAVELALL #3H0H0CHB51426			C		\$	\$	0	\$	\$		\$	\$	
	BOULDER JUNCTION WISC.			09	IND TRK	4515	\$		\$		\$		\$	\$
30	65 CHEV CARRYALL #C1465F143668			C		\$	\$	0	\$	\$		\$	\$	
	BOULDER JUNCTION WISC			09	034986	625	\$		\$		\$		\$	\$
32	52 WILLY JEEP #7815			P&B		\$	\$	0	\$	\$		\$	\$	
	BOULDER JUNCTION WISC			09	PPT	435	\$		\$		\$		\$	\$
33	63 CHEV P/U #C254F126644			C		\$	\$	0	\$	\$		\$	\$	
	BOULDER JUNCTION WISC			09	034986	2,000	\$		\$		\$		\$	\$
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$	\$					\$32.00		
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee				No.	\$	\$							
	The company located these documents in its business records. At this time, the company does not certify that these documents constitute													

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

P/R.334

Effective date 9-1-76  
12:01 A. M., standard time.



## THE HARTFORD

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages					
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Towing and Labor Costs
						Medical Payments Premium	Uninsured Motorist Premiums	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium	
20	72 CHEV CARRYALL #CCE262F175642			C		\$ 6.00	\$ 1.00		\$	\$		\$	\$
	BOULDER JUNCTION, WISC		09	IND TRK		\$ 6.00	\$ 1.00		\$	\$		\$	\$
22	73 INFL TRAVELALL #3H0H0CHB51426			C		\$ 6.00	\$ 1.00		\$	\$		\$	\$
	BOULDER JUNCTION, WISC		09	IND TRK		\$ 6.00	\$ 1.00		\$	\$		\$	\$
30	65 CHEV CARRYALL #C1465F143668			C		\$ 33.00	\$ 15.00		\$	\$		\$	\$
	BOULDER JUNCTION, WISC		09	034986		\$ 6.00	\$ 1.00		\$	\$		\$	\$
32	52 WILLYS JEEP #7815			P&B		\$ 72.00	\$ 22.00		\$	\$		\$	\$
	BOULDER JUNCTION, WISC		09	PPT		\$ 7.00	\$ 1.00		\$	\$		\$	\$
33	63 CHEV P/U #C254F126644			C		\$ 33.00	\$ 15.00		\$	\$		\$	\$
	BOULDER JUNCTION, WISC		09	034986		\$ 6.00	\$ 1.00		\$	\$		\$	\$
						\$	\$		\$	\$		\$	\$
						\$	\$		\$	\$		\$	\$
						\$	\$		\$	\$		\$	\$
						\$	\$		\$	\$		\$	\$

†Not Available in California \*P & B = Pleasure and Business; C = Commercial

**LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.**

No.	Name and Address of Loss Payee	No.	Amount	Amount
			\$ 31.00	\$ 5.00
		The company located these documents in its business records. At this time, the company does not certify that these documents constitute		

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



**THE HARTFORD**

**NORTH BRUNSWICK, NJ**

Effective date.....**7/26/76**

12:01 A. M., standard time at the address of the *named insured* as stated herein.

Item

- ☐ 1. The **named insured's NAME** is amended to read \_\_\_\_\_ **UNDERWRITING COPY** **SAID**
- ☐ 2. The **named insured's ADDRESS** is amended to read \_\_\_\_\_
- ☐ 3. **CHANGE OF COVERAGE** — The insurance afforded is amended as indicated by entry in the **SCHEDULE** of this endorsement.
- ☐ 4. The **CLASSIFICATION** for the Automobile designated herein is amended to read as follows: ☒ 5. Automobiles **DELETED** — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.
71 CHEV CARRY ALL		
		#C5261V650590

6. Automobile(s) ADDED --

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
76 CHEV SPORT VAN		SCGL366U213586		ORRINGTON, ME.	C	034986
List Price	Actual Cost	Purchased Mo./Yr. New/Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named Insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

**T-10**

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)

ACV means Actual Cash Value

## PREMIUMS

★ Include	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
				\$ 500,000 each person			
			Bodily Injury Liability	\$ 500,000 each occurrence	\$ 10	\$	\$
			Medical Payments	\$ 1,000 each person	\$	\$	\$
			Property Damage Liability	\$ 500,000 each occurrence	\$	\$	\$
				\$ 10,000 each person			
			Uninsured Motorists	\$ 20,000 each accident	\$	\$	\$
				\$ ACV unless amount stated			
			Comprehensive	less \$ deductible	\$	\$	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$
					\$	\$	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by

.....  
Authorized Agent



10/1/78 WIL I &amp; ALLEN INC 250480

THE HARTFORD

RP 236.00

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A037496** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL INC**

**NORTH BRUNSWICK, NJ**

Effective date **9/1/78** 12:01 A.M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

IN CONSIDERATION OF THE ABOVE RETURN PREMIUM IT IS HEREBY UNDERSTOOD & AGREED THAT THE FOLLOWING VEHICLES ARE ELIMINATED FROM THE CAPTIONED POLICY:

VEH#	YEAR/MODEL	SERIAL #		BI	PD	NP	UM
17.	74 CHEVY	CC2264F180084	ANHL	14.00	4.00	16.00	3.00
			P/R	5.00	1.00	5.00	1.00
19.	74 CHEVY	CC2264F4178855	ANHL	14.00	4.00	16.00	3.00
			P/R	5.00	1.00	5.00	1.00
24	72 CHEVY	CCE262F174138	ANHL	80.00	59.00	16.00	3.00
			P/R	27.00	20.00	5.00	1.00
25	72 CHEVY	CCE262F162163	ANHL	80.00	59.00	16.00	3.00
			P/R	27.00	20.00	5.00	1.00
26	73 CHEVY	CC2263F171514	ANHL	80.00	59.00	16.00	3.00
			P/R	27.00	20.00	5.00	1.00
27	73 CHEVY	CC2263F171671	ANHL	80.00	59.00	16.00	3.00
			P/R	27.00	20.00	5.00	1.00
TOTAL R/P				118.00	82.00	30.00	6.00

PA.334

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
 b:Countersigned by cords. At this time, the company  
 does not certify that these documents constitute  
 a complete and accurate copy of the policy.

Form AL-6-1 C Printed in U.S.A. ISO:

10/1/28 Y TON &amp; ALLEN INC 250480



THE HARTFORD

BP 26.00

10 C AA3349E

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
INC

NORTH BRUNSWICK, NJ

This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

8/30/76

Effective date \_\_\_\_\_ 12:01 A.M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

IN CONSIDERATION OF THE ABOVE RETURN PREMIUM IT IS HEREBY UNDERSTOOD &  
AGREED THAT THE FOLLOWING VEHICLES ARE ELIMINATED FROM THE CAPTIONED  
POLICY:

YEAR / MODEL	SERIAL #	BI	PD	PIP	UM	
1976 FORD CLUBWAGON	E23HHC40430	ANHL	29.00	4.00	3.00	3.00
		8/R	10.00	1.00	1.00	1.00
1976 FORD CLUB WAGON	E23HHC44073	ANHL	29.00	4.00	3.00	3.00
		PR	10.00	1.00	1.00	1.00
TOTAL 8/P			20.00	2.00	2.00	2.00

PR.340

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue or said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
b. Countersigned by records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

Form AL-8-1 C Printed in U.S.A. ISO:

**THE HARTFORD**

## PREMIUM / COMMISSION NOTIFICATION LETTER

10/1/76

(Date)

**WILSON & ALLEN**

TO: \_\_\_\_\_

(Producer)

250480

(Code)

☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter☐ Standard Average Commission

Gentlemen:

Insured: BOY SCOUTS OF AMERICANATIONAL COUNCILPolicy No.: 10 C A43349EPolicy Period: 1/1/76 TO 1/1/77

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium		Commission Rate
<u>COMP. AUTO LIAB</u>	<u>\$ R/P 26.00</u>	@	<u>15</u> %
_____	<u>\$ _____</u>	@	<u>_____</u> %
_____	<u>\$ _____</u>	@	<u>_____</u> %
_____	<u>\$ _____</u>	@	<u>_____</u> %
_____	<u>\$ _____</u>	@	<u>_____</u> %

Special Premium Instructions:

ICBP AND CPP: PROCESS AT STANDARD AVERAGE COMM. (1) Original entry (2) Automobile related annually. PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM. (1) Endorsement changes (2) In term cancellations (3) Audit adjustments EXCEPT when the original 3 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which the normal line is less than 15%. PROCESS AT THE COMM. RATE USED TO BOOK EACH INDIVIDUAL ENTRY. (1) Anniversary and/or flat cancellations.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final audit.

**THE HARTFORD****PREMIUM / COMMISSION NOTIFICATION LETTER****10/1/76**

(Date)

**WILSON & ALLEN INC**

TO:

(Producer)

**250480**

(Code)

☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter☐ Standard Average Commission

Gentlemen:

Insured: **BOY SCOUTS OF AMERICA****NATIONAL COUNCIL**Policy No.: **10 C A43349E**Policy Period: **1/1/76 TO 1/1/77**

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<b>COMP. AUTO LIAB</b>	\$ <b>R/P 236.00</b>	@ <b>15</b> %
	\$ _____	@ _____ %
	\$ _____	@ _____ %
	\$ _____	@ _____ %
	\$ _____	@ _____ %
	\$ _____	@ _____ %

Special Premium Instructions:

ICBP AND CPP: PROCESS AT STANDARD AVERAGE COMM. (1) Original entry (2) Automobile related annually. PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM. (1) Endorsement charges (2) In term cancellations (3) Audit adjustments EXCEPT when the original 3 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which the normal line is less than 15%. PROCESS AT THE COMM. RATE USED TO BOOK EACH POLICY. VIDUAL ENTRY. (1) Anniversary and/or flat cancellations.

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final audit.



DS



THE HARTFORD

UNDERWRITING COPY

SAID

PREMIUM / COMMISSION NOTIFICATION LETTER

8-16-76

(Date)

TO: WILSON & ALLEN INC.  
(Producer)25-0480  
(Code)☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter☐ Standard Average Commission

Gentlemen:

Insured: BOY SCOUTS OF AMERICA  
NATIONAL COUNCILPolicy No.: 10 G A93349EPolicy Period: 1-1-76 TO 77

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<u>COMP. AUTO LIAB.</u>	\$ <u>A/P 80.00</u>	@ <u>15</u> %
	\$ _____	@ _____ %
	\$ _____	@ _____ %
	\$ _____	@ _____ %
	\$ _____	@ _____ %

Special Premium Instructions:

ICBP AND CPP: PROCESS AT STANDARD AVERAGE COMM. (1) Original entry (2) Automobile ratered annually. PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM. (1) Endorsement changes (2) In term cancellations (3) Audit adjustments EXCEPT when the original 3 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which the normal line is less than 15%. PROCESS AT THE COMM. RATE USED TO BOOK EACH INDIVIDUAL ENTRY. (1) Anniversary and/or flat cancellations.

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final audit.

Form G-2168-2 Printed in U. S. A. 5-72

COMPANY COPY

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251880

SA 2832

SA 2833

**THE HARTFORD**

PREMIUM / COMMISSION NOTIFICATION LETTER

**8-16-76**

(Date)

TO: **WILSON & ALLEN INC.**  
(Producer)**25-0480**  
(Code)☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter☐ Standard Average Commission

Gentlemen:

Insured: **BOY SCOUTS OF AMERICA**  
**NATIONAL COUNCIL**Policy No.: **10 CA 43349E**Policy Period: **1-1-76 TO 77**

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<b>COMP. AUTO LIAB.</b>	\$ <b>A/P 82.00</b>	@ <b>15</b> %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %

Special Premium Instructions:

**ICBP AND CPP: PROCESS AT STANDARD AVERAGE COMM.** (1) Original entry (2) Automobile  
renewed annually. **PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM.** (1) En-  
dorsement changes (2) In term cancellations (3) Audit adjustments **EXCEPT** when the original 3  
year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which  
the normal line is less than 15%. **PROCESS AT THE COMM. RATE USED TO BOOK EACH INDIV-**  
**VIDUAL ENTRY.** (1) Anniversary and/or flat cancellations.

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final audit.

Form G-2168-2 Printed in U. S. A. 5-72

COMPANY COPY

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251882

SA 2834

# Change, Elimination or Addition of Automobile Change of Coverage — Amendment of Declarations

**WILSON & ALLEN INC. 25-0480**  
**DS8-16-76**



**THE HARTFORD**

Named Insured and Address

**BOU SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK, N.J.**

This endorsement forms a part of Policy No. **10 CA 43349E**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date stated herein.

Effective date **7-8-76**

12:01 A. M., standard time at the address of the named  
insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

## Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_
- ☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

## ☒ 6. Automobile(s) ADDED — \*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
<b>72 CHEV. CARRY-ALL</b>		<b>#CC162F149115</b>	<b>NO. CC1</b>	<b>GOLDEN POND, KY</b>	<b>C</b>	<b>034986</b>
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

**T-12**

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

* (Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
<input checked="" type="checkbox"/>			Bodily Injury Liability	\$ 500,000 each person		\$ 74 00\$	36 00\$	
<input checked="" type="checkbox"/>			Medical Payments	\$ 500,000 each occurrence		\$ 19 00\$	9 00\$	
<input checked="" type="checkbox"/>			Property Damage Liability	\$ 5,000 each occurrence		\$ 72 00\$	35 00\$	
<input checked="" type="checkbox"/>			Uninsured Motorists	\$ 10,000 each person		\$ 4 00\$	2 00\$	
				\$ 20,000 each accident				
			Comprehensive	\$ ACV unless amount stated				
				less \$ deductible		\$	\$	\$
			Collision	ACV less \$ deductible		\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated		\$	\$	\$
			Theft	\$ ACV unless amount stated		\$	\$	\$
			Combined Additional	\$ ACV unless amount stated		\$	\$	\$
			Towing	\$ each disablement		\$	\$	\$
						\$	\$	\$

**P/R .485**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by.....  
Authorized Agent



**THE HARTFORD**

## PREMIUM / COMMISSION NOTIFICATION LETTER

**8-16-76**  
(Date)TO: **WILSON & ALLEN INC.**  
(Producer)**25-0480**  
(Code)

- ☐ Commission Breakdown for Premium Discount
- ☒ Negotiated Commission / Premium Letter
- ☐ Standard Average Commission

Gentlemen:

Insured: **BOY SCOUTS OF AMERICA****NATIONAL COUNCIL**Policy No.: **10 CA 433495**Policy Period: **1-1-76 TO 77**

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<b>COMP. AUTO LIAB.</b>	\$ <b>A/P 40.00</b>	@ <b>15</b> %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %

Special Premium Instructions:

**CBP AND CPP: PROCESS AT STANDARD AVERAGE COMM.** (1) Original entry (2) Automobile renewed annually. **PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM.** (1) Endorsement changes (2) In term cancellations (3) Audit adjustments **EXCEPT** when the original 3 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which the normal line is less than 15%. **PROCESS AT THE COMM. RATE USED TO BOOK EACH INDIVIDUAL ENTRY.** (1) Anniversary and/or flat cancellations.

UNDERWRITING DEPARTMENT  
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final audit.

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

WILSON & ALLEN INC. 25-0480

DSB-16-76

This endorsement forms a part of Policy No. **10 CA 43349E**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date stated herein.



THE HARTFORD

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK, N.J.**

Effective date **7-26-76**

12:01 A. M., standard time at the address of the named  
insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_
- ☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☒ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.
<b>71 CHEV. CARRY-ALL</b>		<b>#C5261F650350</b>

☒ 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
<b>76 CHEV. SPORT-VAN</b>		<b>#CGL366U213586</b>		<b>ORRINGTON, ME.</b>	<b>C</b>	<b>034986</b>
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

SCHEDULE

T-10

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
<input checked="" type="checkbox"/>			Bodily Injury Liability	\$ 500,000 each person		\$ 47 00¢	20 00¢	
<input checked="" type="checkbox"/>			Medical Payments	\$ 500,000 each occurrence		\$ 9 00¢	4 00¢	
<input checked="" type="checkbox"/>			Property Damage Liability	\$ 500,000 each person		\$ 34 00¢	15 00¢	
<input checked="" type="checkbox"/>			Uninsured Motorists	\$ 10,000 each person		\$ 2 00¢	1 00¢	
				\$ 20,000 each accident				
			Comprehensive	\$ ACV unless amount stated				
				less \$ deductible		\$	\$	\$
			Collision	ACV less \$ deductible		\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated		\$	\$	\$
			Theft	\$ ACV unless amount stated		\$	\$	\$
			Combined Additional	\$ ACV unless amount stated		\$	\$	\$
			Towing	\$ each disablement		\$	\$	\$
						\$	\$	\$
						\$	\$	\$

P/R .436

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by.....  
Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251885

SA 2837



THE HARTFORD

WILSON & ALLEN INC. 25-0480

DS8-16-76

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK, N.J.

This endorsement forms a part of Policy No. **10 C A43349E**  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy, unless  
another effective date is stated herein.

Effective date .....12:01 A. M., standard time  
at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**GARAGE KEEPERS' LEGAL LIABILITY**

**IN CONSIDERATION, IT IS HEREBY UNDERSTOOD AND AGREED  
MAXIMUM NUMBER OF CUSTOMERS' AUTOMOBILES STORED SHOULD  
READ 348 IN LIEU OF 315.  
NO CHANGE IN PREMIUM.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

Form AL-6-1 B Printed in U.S.A. ISO:

**THE HARTFORD**

PREMIUM / COMMISSION NOTIFICATION LETTER

7/9/RM

(Date)

UNDERWRITING COPY

SAID

**WILSON & ALLEN INC**

TO:

(Producer)

**250480**

(Code)

☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter☐ Standard Average Commission

Gentlemen:

Insured: **BOY SCOUTS OF AMERICA****NATIONAL COUNCIL**Policy No.: **10 C A43349E**Policy Period: **1/1/76-77**

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium		Commission Rate
<b>COMP. AUTO LIAB</b>	<b>\$ A/P 1246.00</b>	<b>@</b>	<b>15 %</b>
	\$	@	%
	\$	@	%
	\$	@	%
	\$	@	%
	\$	@	%

Special Premium Instructions:

ICBP AND CPP: PROCESS AT STANDARD AVERAGE COMM. (1) Original entry (2) Automobile  
 rered annually. PROCESS ADDITIONAL OR-RETURN PREMIUM AT A FIXED 15% COMM. (1) En-  
 dorsement changes (2) in term cancellations (3) Audit adjustments EXCEPT when the original 3  
 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which

the normal line is less than 15%. PROCESS AT THE COMM. RATE USED TO BOOK EACH INDIV-

VIDUAL ENTRY. (1) Anniversary and/or flat cancellations.

The company located UNDERWRITING DEPARTMENT  
 business records. At this time, the company  
 does not certify that these documents constitute  
 a complete and accurate representation of the actual

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment in final  
 audit.

Form G-2168-2 Printed in U. S. A. 5-72

PREMIUM ACCOUNTING COPY



RP 41.00



7/9/88 WILSON &amp; ALLEN INC 250480

THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E**  
 issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

**BOY SCOUTS OF AMERICA  
 NATIONAL COUNCIL  
 NORTH BRUNSWICK, NJ**

**6/4/76**

Effective date ..... 12:01 A. M., standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**AUTOMOBILE PHYSICAL DAMAGE**

**IT IS HEREBY UNDERSTOOD AND AGREED THAT THE FOLLOWING VEHICLES  
 DESCRIBED BELOW, COMPREHENSIVE COVERAGE IS ELIMINATED**

<u>VEHICLE #</u>	<u>TYPE</u>	<u>SERIAL #</u>	<u>P/R. 578</u>
29	69 CHEV CARRYALL	CE168F173539	6.00
30	65 CHEV CARRYALL	CE1465F143668	6.00
31	61 CHEV CARRYALL	1CE146J118947	6.00
32	52 WILLYS JEEP	7815	11.00
33	63 CHEV P/U	C254F126644	6.00
34	69 FORD P/U	F10BLF12655	6.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
 business records. At this time, the company  
 does not certify that these documents constitute  
 a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

AP 712.00



THE HARTFORD

7/9/RR WILSON & ALLEN INC 250480

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL**

**NORTH BRUNSWICK, NJ**

Effective date **6/4/76** 12:01 A. M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED  
ON FORM A3471-0 ARE ADDED FOR LIABILITY ONLY.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

## Schedule of Automobiles and Covered Automobiles

10 C A43349E

This Schedule forms a part of Policy No. \_\_\_\_\_ issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **6/4/76**  
12:01 A. M., standard time.

P/R. 578



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs	
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)			
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium			
29	69 CHEV CARRYALL #CE168F173539		C			\$ 57.00	\$ 26.00		\$	\$		\$	\$		
	BOULDER JUNCTION WISC					09	034986							1275	\$ 18.00
?	65 CHEV CARRYALL #C1465F143668		C	C		\$ 57.00	\$ 26.00		\$	\$		\$	\$		
	BOULDER JUNCTION, WISC.					09	034986							625	\$ 18.00
31	61 CHEV CARRYALL #1C146J118947		C			\$ 57.00	\$ 26.00		\$	\$		\$	\$		
	BOULDER JUNCTION WISC					09	034986							1175	\$ 18.00
32	52 WILLYS JEEP #7815		P&B			\$ 124.00	\$ 39.00		\$	\$		\$	\$		
	BOULDER JUNCTION WISC.					09	PP7							435	20.00
33	63 CHEV P/U #C254F126644		C			\$ 57.00	\$ 26.00		\$	\$		\$	\$		
	BOULDER JUNCTION WISC.					09	034986							2000	18.00
?	69 FORD P/U #F10BLF12655		C			\$ 57.00	\$ 26.00		\$	\$		\$	\$		
	BOULDER JUNCTION WISC.					09	034986							2450	18.00
						\$	\$		\$	\$		\$	\$		
						\$	\$							\$	\$
						\$	\$							\$	\$
†Not Available in California *P & B = Pleasure and Business; C = Commercial						TOTALS	\$ 409.00	\$ 169.00				\$	\$		
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.							\$	\$				\$	\$		
No.	Name and Address of Loss Payee					No.									

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

7/9/AM WILSON ALLEN INC 250480

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C 443949E**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK, NJ**

Effective date **6/1/76**

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

## Item

- ☐ 1. The named insured's NAME is amended to read .....
- ☐ 2. The named insured's ADDRESS is amended to read .....
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

☒ 6. Automobile(s) ADDED — \*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
<b>76 FORD CLUB WAGON</b>		<b>3E13NCC0438</b>		<b>ELY, MINNESOTA</b>		
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		
	<b>6000</b>			<b>GARREK FORD AGENCY IN ELY MINNESOTA</b>		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
<input checked="" type="checkbox"/>			Bodily Injury Liability	\$ 500	,000 each person			
<input checked="" type="checkbox"/>			Medical Payments	\$ 500	,000 each occurrence	\$ 25	\$ 17	\$
<input checked="" type="checkbox"/>			Property Damage Liability	\$ 500	,000 each person	\$	\$	\$
<input checked="" type="checkbox"/>			Uninsured Motorists	\$ 100	,000 each occurrence	\$ 4	\$ 2	\$
<input checked="" type="checkbox"/>				\$ 100	,000 each person	\$	\$	\$
<input checked="" type="checkbox"/>				\$ 100	,000 each accident	\$ 3	\$ 2	\$
			Comprehensive	\$ 200	ACV unless amount stated			
				less \$	deductible	\$	\$	\$
			Collision	ACV less \$	deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$	ACV unless amount stated	\$	\$	\$
			Theft	\$	ACV unless amount stated	\$	\$	\$
			Combined Additional	\$	ACV unless amount stated	\$	\$	\$
			Towing	\$	each disablement	\$	\$	\$
<input checked="" type="checkbox"/>			<b>PIP</b>			\$ 3	\$ 2	\$

The company has issued these documents in its  
by **NET ADDITIONAL OR RETURN** is, the company

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, exclusions or definitions of the policy, to the extent that such would be inconsistent with the terms, conditions, exclusions or definitions of the policy, to the extent that such would be inconsistent with the terms, conditions, exclusions or definitions of the policy, to the extent that such would be inconsistent with the terms, conditions, exclusions or definitions of the policy.

Countersigned by.....  
Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251891

SA 2843



7/9/RN WILSON &amp; ALLEN INC 250480

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A 43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.**BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL****NORTH BRUNSWICK, NJ****6/1/76**

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

## Item

- ☐ 1. The named insured's NAME is amended to read .....
- ☐ 2. The named insured's ADDRESS is amended to read .....
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

☒ 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyl. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
<b>76 FORD CLUB WAGON</b>		<b>0E23HMC44073</b>		<b>ELY MINNESOTA</b>		<b>IND TAX</b>
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		
	<b>6000</b>			<b>CARNEK FORD AGENCY IN ELY MINNESOTA</b>		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
<input checked="" type="checkbox"/>			Bodily Injury Liability	\$ 500	,000 each person			
			Medical Payments	\$ 500	,000 each occurrence	\$ 29	\$ 17	\$
					each person	\$	\$	\$
<input checked="" type="checkbox"/>			Property Damage Liability	\$ 500	,000 each occurrence	\$ 4	\$ 2	\$
<input checked="" type="checkbox"/>			Uninsured Motorists	\$ 10	,000 each person			
				\$ 20	,000 each accident	\$ 3	\$ 2	\$
			Comprehensive	\$	ACV unless amount stated			
				less \$	deductible	\$	\$	\$
			Collision	ACV less \$	deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$	ACV unless amount stated	\$	\$	\$
			Theft	\$	ACV unless amount stated	\$	\$	\$
			Combined Additional	\$	ACV unless amount stated	\$	\$	\$
			Towing	\$	each disablement	\$	\$	\$
<input checked="" type="checkbox"/>			<b>PIP</b>			\$ 3	\$ 2	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by.....  
Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251892

SA 2844

RP 115.00



WILSON &amp; I IN INC 250480

THE HARTFORD

TO C A43349E

Named Insured and Address

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL

NORTH BRUNSWICK, NJ

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

6/1/76

Effective date ..... 12:01 A. M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**AUTOMOBILE PHYSICAL DAMAGE**

**IT IS HEREBY UNDERSTOOD AND AGREED THAT THE FOLLOWING VEHICLES DESCRIBED  
BELOW COMPREHENSIVE COVERAGE IS ELIMINATED:**

<u>VEHICLE#</u>	<u>TYPE</u>	<u>SERIAL #</u>	<u>P/R. 585</u>
24	72 CHEV CARRYALL	CC2262F174138	24.00
25	72 CHEV CARRYALL	CC2262F162143	24.00
26	73 CHEV CARRYALL	CC2263F171514	24.00
27	73 CHEV CARRYALL	CC2263F171671	24.00
28	71 CHEV CARRYALL	C5261FC50350	19.00
			<b>115.00</b>

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

Form AL-6-1 B Printed in U.S.A. ISO:

AP 460.00



7/9/88 W 12 6 ALLEN INC 250480

THE HARTFORD

Named Insured and Address

10 C A43349E

This endorsement forms a part of Policy No. issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL

NORTH BRUNSWICK, NJ

6/1/76

Effective date 12:01 A. M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED  
ON FORM A3471-0 ARE ADDED FOR LIABILITY ONLY.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

7/9/AM WIL &amp; ALLEN INC 250480

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

10 C A43349E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK, NJ

This endorsement forms a part of Policy No. 10 C A43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

Effective date 5/19/76

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

## Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_
- ☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

## 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
76 CHEVY CARRYALL		4CC1266F181042		GOLDEN POND NY C		IND TRUCK

List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

7-12

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500,000 each person		\$ 20	\$ 12	\$
X			Medical Payments	\$ 500 each person		\$ 19	\$ 12	\$
X			Property Damage Liability	\$ 500,000 each occurrence		\$ 6	\$ 2	\$
X			Uninsured Motorists	\$ 10,000 each person		\$ 4	\$ 2	\$
				\$ 20,000 each accident				
			Comprehensive	\$ ACV unless amount stated				
				less \$ deductible				
			Collision	ACV less \$ deductible				
			Fire, Lightning or Transportation	\$ ACV unless amount stated				
			Theft	\$ ACV unless amount stated				
			Combined Additional	\$ ACV unless amount stated				
			Towing	\$ each disablement				

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, exclusions, or declarations of the policy other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by.....

Authorized Agent

A-3459-0 Printed in U.S.A.



**THE HARTFORD**

## PREMIUM / COMMISSION NOTIFICATION LETTER

**06-22-76**

(Date)

TO: **WILSON AND ALLEN INC**  
(Producer)**25 0480**

(Code)

☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter☐ Standard Average Commission

UNDERWRITING COPY

SAID

Gentlemen:

Insured: **BOY SCOUTS OF AMERICA NATIONAL**  
**COUNCIL**Policy No.: **10 CA 43349E**Policy Period: **1-1-76 TO 1-1-77**

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium		Commission Rate
<b>CGL</b>	<b>\$ A/P 1379.00</b>	@	<b>10.0</b> %
	\$	@	%
	\$	@	%
	\$	@	%
	\$	@	%
	\$	@	%

Special Premium Instructions:

ICBP AND CPP: PROCESS AT STANDARD AVERAGE COMM. (1) Original entry (2) Automobile  
 ratered annually. PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM. (1) En-  
 dorsement changes (2) In term cancellations (3) Audit adjustments EXCEPT when the original 3  
 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which  
 the normal line is less than 15%. PROCESS AT THE COMM. RATE USED TO BOOK EACH INDI-  
 VIDUAL ENTRY. (1) Anniversary and/or flat cancellations.

UNDERWRITING DEPARTMENT

The company located these documents in its  
 business records. At this time, the company  
 does not certify that these documents constitute  
 a complete and accurate copy of the policy.

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final  
 audit.

06-22-76JS

WILSON & ALLEN INC. 25 0480



THE HARTFORD

A/P 9.00

1379

Named Insured and Address

This endorsement forms a part of Policy No. **10 CA 43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **06-14-76** 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**SPECIAL VESSELS COVERAGE**

**IN CONSIDERATION OF AN ADDITIONAL PREMIUM OF \$1,379 IT IS AGREED THAT THE POLICY IS EXTENDED TO COVER THE FOLLOWING VESSELS FOR THE PERIOD OF 12:01 A.M. 6/14/76- 12:01 AM 6/20/76**

- 1. 52" CHESAPEAKE BUGEYE SAILING KETCH "SHARK VI"**
- 2. 37" ERWIN SAILING KETCH "MAHUPTI"**
- 3. 33" ERWIN SAILING KETCH "OLD SALTY II"**

**B.I. 958.00 P.O. 421.00**

**IT IS FURTHER AGREED THAT THIS COVERAGE IS LIMITED TO \$200,000 COMBINED SINGLE LIMIT IN EXCESS OF \$900,000 COMBINED SINGLE LIMIT EACH OCCURRENCE.**

*Reinsurance on this  
see Re tab Corrofile*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

WILSON &amp; ALLEN INC 25 0480

DB 3/22/76

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date stated herein.**BOY SCOUTS OF AMERICA NATIONAL  
COUNCIL  
NORTH BRUNSWICK NJ**Effective date **2/20/76**12:01 A. M., standard time at the address of the named  
insured as stated herein.It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

## Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_
- ☐ 2. The named insured's ADDRESS is amended to read **UNDERWRITING COPY SAID**
- ☐ 3. **CHANGE OF COVERAGE** — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

☒ 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged in (Town, State)	*Purpose of Use	Rating Classification
76 CHEVY 9 PASS	SUBURBAN	#CKL266F139409		ELY MINN	C	IND. TRK
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured  
by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

T-07

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy,  
as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against  
each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

* (Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500	,000 each person			
			Medical Payments	\$ 500	,000 each occurrence	\$ 23 00	\$ 20 00	
X			Property Damage Liability	\$ 500	,000 each occurrence	\$ 4 00	\$ 3 00	
X			Uninsured Motorists	\$ 10	,000 each person			
				\$ 20	,000 each accident	\$ 3 00	\$ 3 00	
			Comprehensive	\$	ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	\$	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$	ACV unless amount stated	\$	\$	\$
			Theft	\$	ACV unless amount stated	\$	\$	\$
			Combined Additional	\$	ACV unless amount stated	\$	\$	\$
			Towing	\$	each disablement	\$	\$	\$
			PIP			\$ 3 00	\$ 3 00	

P/R.863

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other  
than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by \_\_\_\_\_

Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251898

SA 2850

WILSON & ALLEN INC 2504<sup>th</sup>

DB 3/19/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK NJ

Effective date 6/1/76- 8/21/76 12:01 A. M., standard time  
at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLES ARE ADDED TO THE CAPTIONED POLICY.

YEAR	MAKE	SERIAL #	BI	PD	ANNUAL		BI	PD	P/R PREM		UM
					MP	UM			MP	UM	
72	FORD 4 DR	2G51F244292	14.00	4.00	19.00	6.00	3.00	1.00	4.00	1.00	
60	FORD PK	F25J0H60795	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00	
60	FORD CB	F60JOK58469	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00	
56	CHEVY LL	3A56S031390	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00	
69	FORD S/W	U15FLE98271	14.00	4.00	19.00	6.00	3.00	1.00	4.00	1.00	
71	FORD 2 DR	U15FLM01489	14.00	4.00	19.00	6.00	3.00	1.00	4.00	1.00	
			84.00	24.00	105.00	36.00	18.00	6.00	24.00	6.00	

P/R .222 54

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

WILSON AND ALLEN INC. 25 0480 DB 3/19/76



ADDITIONAL PREMIUM INCLUDED  
IN COMPOSITE RATE.

THE HARTFORD

Named Insured and Address

10CA43349E

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK, NJ

Effective date 1/1/76 12:01 A. M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

IT IS AGREED AS RESPECTS THE ABOVE MENTIONED POLICY, REAL  
PROPERTY LIABILITY- FIRE ENDT L3037-1 IS EXTENDED TO  
INCLUDE THE FOLLOWING LOCATION:

BANCROFT BUILDING  
731 MARKET STREET,  
SAN FRANCISCO, CALIFORNIA.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.



WILSON &amp; ALLEN INC 25 00

DB 3/19/76



THE HARTFORD

Named Insured and Address.

This endorsement forms a part of Policy No. 10CA43349E  
 issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL  
 COUNCIL  
 NORTH BRUNSWICK NJ

Effective date 6/23/76- 8/26/76 12:01 A. M., standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING  
 VEHICLE IS ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N M T-06

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM.			
			BI	PD	MP	UM	BI	PD	MP	UM
56	CHEVY 4DR	0373850F567	14.00	4.00	19.00	6.00	2.00	1.00	3.00	1.00

P/R .175

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

WILSON &amp; ALLEN INC 25 0190

DB 3/19/76



THE HARTFORD

Named Insured and Address

10CA43349E

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICAN NATIONAL  
COUNCIL  
NORTH BRUNSWICK NJ

Effective date 6/1/76 - 8/18/76 12:01 A. M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING  
VEHICLES ARE ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M. T-06

YEAR	MAKE	SERIAL	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
65	FORD	PK F10JD698516	14.00	4.00	16.00	6.00	3.00	1.00	3.00	1.00
72	FORD	PK E37GHP26104	14.00	4.00	16.00	6.00	3.00	1.00	3.00	1.00
57	CHEVY	LL 3A57K1C8046	14.00	4.00	16.00	6.00	3.00	1.00	3.00	1.00
			42.00	12.00	48.00	18.00	9.00	3.00	9.00	3.00

P/R .214

24.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1-B Printed in U.S.A. ISO:

WILSON &amp; ALLEN INC 25 0180

DB 3/19/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10CA43349E  
 issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
 NORTH BRUNSWICK NJ

Effective date 6/1/76 - 8/19/76 12:01 A. M., standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLE  
 IS ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M. T-06

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
58	CHEVY CB	4B58K133100	14.00	4.00	16.00	6.00	3.00	1.00	3.00	1.00

P/R.216

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
 business records. At this time, the company  
 does not certify that these documents constitute  
 a complete and accurate copy of the policy.

WILSON &amp; ALLEN INC 25 0580

DB 3/19/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10CA43349E  
 issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
 NORTH BRUNSWICK NJ

Effective date 5/15/76 - 8/26/76 12:01 A. M., standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLE  
 IS ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M. T-06

YEAR	MAKE	SERIAL #	BI	PD	ANNUAL		BI	PD	P/R PREM	
					MP	UM			MP	UM
58	CHEVY PK	4B58K133152	14.00	4.00	16.00	6.00	4.00	1.00	5.00	2.00

P/R.282

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

WILSON &amp; ALLEN INC 25 048^

DB 3/19/76



THE HARTFORD

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK NJ

10CA43349E

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

6/1/76 -8/26/76

Effective date 6/1/76 -8/26/76 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLES ARE ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M T-06

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM.			
			BI	PD	MP	UM	BI	PD	MP	UM
73	FORD S/W	E31GHR8799979	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
72	FORD CB	F60BVP21100	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
72	FORD 2DR	U15GLP28943	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
61	FORD PK	F101JD170009	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
72	CHEVY 4DR	CKS162F175471	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
72	CHEVY 4 DR	CK3162F175752	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
64	DODGE PK	1161405714	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
53	CHEVY CB	W53K039571	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
			112.00	32.00	128.00	48.00	24.00	8.00	32.00	8.00

P/R.236-

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B. Printed in U.S.A. ISO:



WILSON &amp; ALLEN INC 25 0190

DB 3/19/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein; and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK NJ**

Effective date **5/1/76 - 8/26/76** 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLE IS ADDED TO THE CAPTIONED POLICY. GARAGE COMARRON N.M T-06

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
64	DODGE PK	1161405693	14.00	4.00	16.00	6.00	4.00	1.00	5.00	2.00

P/R.321

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-B-1 B Printed in U.S.A. ISO:

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251906

SA 2858

WILSON &amp; ALLEN INC 25 .80

DB 3/19/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10CA43349E  
 issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

BOY SCOUTS OF AMERICA  
 NATIONAL COUNCIL  
 NORTH BRUNSWICK NJ

Effective date 6/1/76 - 8/20/76 12:01 A. M., standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLES  
 ARE ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M. T-06

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
69	FORD S/W	U15FLE98272	14.00	4.00	19.00	6.00	3.00	1.00	4.00	1.00
69	FORD S/W	U15FLG98273	14.00	4.00	19.00	6.00	3.00	1.00	4.00	1.00
			28.00	8.00	38.00	12.00	6.00	2.00	8.00	2.00

P/R.219

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company  
 countersigned by SA 2859 that these documents constitute  
 a complete and accurate copy of the policy.  
 Authorized Agent

WILSON &amp; ALLEN INC 25 0122

DB 3/19/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E**  
 issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

**BOY SCOUTS OF AMERICA**  
**NATIONAL COUNCIL**  
**NORTH BRUNSWICK NJ**

Effective date **6/15/76 - 8/20/76** 12:01 A. M., standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLE  
 IS ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M. T-06

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
75	FORD BRONCO	U15Q1W86679	14.00	4.00	19.00	6.00	3.00	1.00	3.00	1.00

P/R.181

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company  
 Countersigned by \_\_\_\_\_ does not certify that these documents constitute  
 a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO.

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251908

SA 2860

WILSON &amp; ALLEN INC 25 0180

DB 3/19/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E**  
 issued by THE HARTFORD INSURANCE GROUP, company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

**BOY SCOUTS OF AMERICA**  
**NATIONAL COUNCIL**  
**NORTH BRUNSWICK NJ**

Effective date **6/20/76-8/12/76** 12:01 A. M., standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING BUSES ARE  
 ADDED TO THE CAPTIONED POLICY GARAGE CIMARRON N.M T-06

PASS	SERIAL #	ANNUAL				P/R PREMIUM			
		BI	PD	MP	UM	BI	PD	MP	UM
38	PD41044811	115.00	71.00	24.00	6.00	17.00	10.00	3.00	1.00
30	CSE522V148935	94.00	59.00	19.00	6.00	14.00	9.00	3.00	1.00
28	CSE522V116269	94.00	59.00	19.00	6.00	14.00	9.00	3.00	1.00
		303.00	189.00	62.00	18.00	45.00	28.00	9.00	3.00

P/R .145

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company  
 Countersigned by \_\_\_\_\_ verify that these documents constitute  
 a complete and accurate copy of the policy.  
 Authorized Agent

WILSON &amp; ALLEN INC 25 0 30

DB 3/19/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK NJ**

Effective date **6/12/76 - 8/12/76** 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING BUSES ARE ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M.

PASS	SERIAL #	ANNUAL				P/R PREMIUM			
		BI	PD	MP	ULM	BI	PD	MP	UM
26	56426A149316	94.00	59.00	19.00	6.00	16.00	10.00	3.00	1.00
66	5E520P168359	135.00	84.00	28.00	6.00	23.00	14.00	5.00	1.00
		229.00	143.00	47.00	12.00	39.00	24.00	8.00	2.00

T-06

P/R .167

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1-B Printed in U.S.A. ISO:



WILSON &amp; ALLEN INC 25 ( )

DB 3/19/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E**  
 Issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK NJ**

Effective date **6/12/76- 8/18/76** 12:01 A. M., standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING BUS IS  
 ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M.

PASS	SERIAL #	ANNUAL				P/R PREM			
		BI	PD	MP	UM	BI	PD	MP	UM
26	SE521P145601	94.00	59.00	19.00	6.00	17.00	11.00	3.00	1.00

T-06

P/R .184

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
 business records. At this time, the company  
 does not certify that these documents constitute  
 a complete and accurate copy of the policy.

WILSON &amp; ALLEN INC 25-0180

DB 3/19/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10CA43349E  
 issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

BOY SCOUTS OF AMERICA  
 NATIONAL COUNCIL  
 NORTH BRUNSWICK NJ

Effective date 6/20/76-8/16/76 12:01 A. M., standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING BUS  
 IS ADDED TO THE CAPTIONED POLICY. GARAGE-CIMARRON N.M.

PASS	SERIAL #	ANNUAL				P/R PREM			
		BI	PD	MP	UM	BI	PD	MP	UM
36	35881	115.00	71.00	24.00	6.00	18.00	11.00	4.00	1.00
66	13662EHA16435	135.00	84.00	28.00	6.00	21.00	13.00	4.00	1.00
						39.00	24.00	8.00	2.00

T-06

P/R .156

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company  
 Countersigned by \_\_\_\_\_  
 does not certify that these documents constitute a complete and accurate copy of the policy.  
 Authorized Agent

Form AL-8-1 B Printed in U.S.A. ISO:

WILSON &amp; ALLEN INC 25 C

DB 3/22/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E**  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL  
COUNCIL  
NORTH BRUNSWICK NJ**

Effective date **6/20/76- 8/13/76**  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING  
BUSES ARE ADDED TO THE CAPTIONED POLICY-GARAGE CIMARRON N.M. T-06

PASS	SERIAL #	BI	PD	MP	UM	BI	PD	MP	UM
28	SE527A146854	94.00	59.00	19.00	6.00	14.00	9.00	3.00	1.00
28	SE527A143498	94.00	59.00	19.00	6.00	14.00	9.00	3.00	1.00
26	S6425A123716	94.00	59.00	19.00	6.00	14.00	9.00	3.00	1.00
		282.00	177.00	57.00	18.00	42.00	27.00	9.00	3.00

P/R.148

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company  
Countersigned by \_\_\_\_\_  
does not certify that these documents constitute a complete and accurate copy of the policy.  
Authorized Agent

WILSON &amp; ALLEN INC 25 480

DB 3/22/76



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10CA43349E  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK NJ

Effective date 1/1/76 12:01 A. M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

IT IS HEREBY UNDERSTOOD AND AGREED THE VEHICLES DESCRIBES BELOW  
ARE ELIMINATED FROM THE CAPTIONED POLICY.

#	YEAR	MAKE	SERIAL #	BI	PD	MP	UM
45	68	FORD P/C	A101468	14.00	4.00	19.00	6.00
48	74	CHEV TRAVELALL	CKY264F179594	14.00	4.00	19.00	6.00
51	72	FORD VAN	2651F244292	14.00	4.00	19.00	6.00
52	58	CHEV PK	4B58F132267	14.00	4.00	19.00	6.00
56	64	DODGE CB	2261378469	14.00	4.00	19.00	6.00
62	69	CHEV PK	KS169Z848257	14.00	4.00	19.00	6.00
64	72	FORD 2 DR	U15GLP28943	14.00	4.00	19.00	6.00
65	61	FORD PK	F10JD170009	14.00	4.00	19.00	6.00
68	72	CHEV 4DR	CKS162F175471	14.00	4.00	19.00	6.00
69	72	CHEV 4 DR	CKS162F175752	14.00	4.00	19.00	6.00
77	69	CHEV 2 DR	KS169Z2847104	14.00	4.00	19.00	6.00
79	69	FORD S/W	U15FLD86049	14.00	4.00	19.00	6.00
83	47	LOWBOY TRAILER	NMF-9000037	-	-	-	-
				182.00	52.00	247.00	78.00

182  
52  
247  
78  
559

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-9-1 B Printed in U.S.A. ISO:

SA 2867



WILSON &amp; ALLEN INC 25 0480

DB 3/22/76

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date stated herein.

**BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK NJ**

Effective date **2/3/76**

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:  
Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_  
☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_  
☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.  
☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_  
☒ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.
<b>72 CHEVY P/U</b>	<b>#CCS142B139673</b>	

- ☐ 6. Automobile(s) ADDED — \*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)			ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
	X		Bodily Injury Liability	\$500,000 each person	\$ 12 00	\$	\$ 11 00
	X		Medical Payments	\$ 5,000 each person	\$ 26 00	\$	\$ 24 00
	X		Property Damage Liability	\$500,000 each occurrence	\$ 4 00	\$	\$ 4 00
	X		Uninsured Motorists	\$ 15,000 each person \$ 30,000 each accident	\$ 2 00	\$	\$ 2 00
			Comprehensive	\$ ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$
					\$	\$	\$

P/R.910

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by \_\_\_\_\_  
Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251916

SA 2868

WILSON &amp; ALLEN INC 25 0000

DB 3/22/76  
 Change, Elimination or Addition of Automobile  
 Change of Coverage — Amendment of Declarations



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E**  
 issued by THE HARTFORD INSURANCE GROUP company design-  
 ated therein, and takes effect as of the effective date stated herein.

**BOY SCOUTS OF AMERICA  
 NATIONAL COUNCIL  
 NORTH BRUNSWICK NJ**

Effective date **2/10/76**

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:  
 Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_  
☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_  
☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.  
☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_  
☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

☒ 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
76 CHEVY P/U	#CCD146B112323			AS ABOVE	C	IND TRK
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

T-40

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)			ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500 ,000 each person			
X			Medical Payments	\$ 500 ,000 each occurrence	\$ 12 00s	11 00s	
X			Property Damage Liability	\$ 5000 each person	\$ 45 00s	40 00s	
X			Uninsured Motorists	\$ 500 ,000 each occurrence	\$ 4 00s	4 00s	
				\$ 15 ,000 each person			
				\$ 30 ,000 each accident	\$ 2 00s	2 00s	
			Comprehensive	ACV unless amount stated			
			Collision	less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	ACV less \$ deductible	\$	\$	\$
			Theft	ACV unless amount stated	\$	\$	\$
			Combined Additional	ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$
					\$	\$	\$

P/R.890

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by.....

Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251917

SA 2869

**THE HARTFORD**

## PREMIUM / COMMISSION NOTIFICATION LETTER

3/19/76  
 (Date)

 TO: WILSON & ALLEN INC  
 (Producer)

25-0480  
 (Code)

- ☐ Commission Breakdown for Premium Discount  
☒ Negotiated Commission / Premium Letter  
☐ Standard Average Commission

Gentlemen:

 Insured: BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL
Policy No.: 10CA4334SEPolicy Period: 1/1/76-77

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<u>COMP AUTO LIAB</u>	<u>\$ 751.00 A/P</u>	<u>@ 15 %</u>
	<u>\$</u>	<u>@ %</u>
	<u>\$</u>	<u>@ %</u>
	<u>\$</u>	<u>@ %</u>
	<u>\$</u>	<u>@ %</u>
	<u>\$</u>	<u>@ %</u>

Special Premium Instructions:

FCBP AND CPP: PROCESS AT STANDARD AVERAGE COMM. (1) Original entry (2) Automobile  
 rated annually. PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM. (1) En-  
 dorsement changes (2) In term cancellations (3) Audit adjustments EXCEPT when the original 3  
 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which  
 the normal rate is less than 15%. PROCESS AT THE COMM. RATE USED TO BOOK EACH INDU-  
 VIDUAL ENTRY. (1) Anniversary and/or flat cancellations.

The company located at UNDERWRITING DEPARTMENT  
 business records. At this time, the company  
 does not certify that these documents constitute

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final  
 audit.

DAILY REPORT for use with STANDARD FIRE INSURANCE POLICY for MASSACHUSETTS  
Form 4204 and DECLARATIONS Page Form PPF-703-1.

COMPANY COPY

## REINSURANCE

THE  
1 Har  
5 Har  
3 Har  
2 Twi

PC-12

ages to Supervisory Office  
☐ Prop ☒ Cas. ☐ O.M.

## WORKFLOW

Audit  
Term  
Code  
Risk Card  
Loss ContINS  
RA

## INSURER

Previous Policy No. -

Insured's Name and  
Mailing Address

Co. Code

5

POLICY NO. 10 ~~PF~~ CA43349BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL ROUTE #1  
NORTH BRUNSWICK N.JERSEY

Policy Term

Producer's Name

iss

Producer's Code

Inception (Mo. Day Yr.)

Expiration (Mo. Day Yr.)

Years

06-01-76

01-01-77

13

250480

In case of fire notify the Company or its local Agent at once in writing.

It is important that the written portions of all policies covering the same property read exactly alike. If they do not, they should be made uniform at once.

INSURANCE IS PROVIDED AGAINST ONLY THOSE PERILS AND FOR ONLY THOSE COVERAGES INDICATED BELOW BY A PREMIUM CHARGE AND AGAINST OTHER PERILS AND FOR OTHER COVERAGES ONLY WHEN ENDORSED HEREON OR ADDED HERETO.

Item No.	Description and Location of Dwelling Buildings and Contents Covered. Show address (No., Street, City, County, State, Zip Code) construction (masonry, brick, frame, veneer, fire resistive, aluminum or plastic siding, mobile home with or without enclosed masonry foundation, modular), type of roof. State if seasonal, occupied by tenant or owner, specifically rated not fire resistive.	Protection Class	No. of Families	Feet From Hydrant	Miles From Fire Dept.	Zone	Year Built
1.							

Item No.	Peril(s) Insured Against and Coverage(s) Provided (Insert name of each)	Per Cent. of Co-insurance Applicable	Deductible Amount	Amount of Insurance	Rate	Prepaid or Installment Premium Due At Inception	Installment Premium Due at each Anniversary
1.	Fire and Lightning Extended Coverage			\$ X X X X		\$	\$

Subject to Form No.(s) Attached Hereto: (Insert Form Number(s) and Edition Date(s))	TOTAL(S) \$	\$
	TOTAL PREMIUM For Policy Term Paid In Installments	\$

MORTGAGE INTEREST: Subject to the mortgage provisions, lines 87 to 104 herein, loss, if any, on real estate, shall be payable to:  
(Insert Name(s) of Mortgagee(s) and Mailing Address(es)).

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Countersignature Date  
Form PPF-703-1 CDR (Mass.) Printed in U. S.  
This policy shall not be

Agent

The duly authorized agent of the Company.



H.O.  
06-22-76JS

WILSON &amp; ALLEN INC. 25 0450



THE HARTFORD

A/P 1379.00

Named Insured and Address

This endorsement forms a part of Policy No. **10 62 43249E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **06-15-76** 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

### COMPREHENSIVE GENERAL LIABILITY INSURANCE

### SPECIAL VESSELS COVERAGE

IN CONSIDERATION OF AN ADDITIONAL PREMIUM OF \$1,379 IT IS AGREED THAT THE POLICY IS EXTENDED TO COVER THE FOLLOWING VESSELS FOR THE PERIOD OF 12:01 A.M. 6/14/76- 12:01 AM 6/20/76

1. 53' CHESAPEAKE BOOZE SAILING KETCH "SHARK VI"
2. 37' EDWIN SAILING KETCH "BAROFTI"
3. 33' EDWIN SAILING KETCH "OLD SALTY II"

S.I. 958.00 P.B. 421.00

IT IS FURTHER AGREED THAT THIS COVERAGE IS LIMITED TO \$200,000 COMBINED SINGLE LIMIT IN EXCESS OF \$300,000 COMBINED SINGLE LIMIT EACH OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



WITNESS INC 25 0480

# ation or Addition of Automobile verage — Amendment of Declarations



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date stated herein.

**BOY SCOUTS OF AMERICA NATIONAL  
COUNCIL  
NORTH BRUNSWICK NJ**

Effective date **2/20/76**

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

## Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_
- ☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

## 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
76 CHEVY 9 PASS SUBURBAN		#CKL266F139409		ELY MINN	C	IND. TRK
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

T-07

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

* (Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500,000 each person		\$ 23 00s	\$ 20 00s	
			Medical Payments	\$ 500,000 each occurrence				
X			Property Damage Liability	\$ 500,000 each person		\$ 4 00s	\$ 3 00s	
X			Uninsured Motorists	\$ 10,000 each occurrence		\$ 3 00s	\$ 3 00s	
			Comprehensive	\$ 20,000 each accident				
			Collision	\$ ACV unless amount stated				
			Fire, Lightning or Transportation	less \$ deductible				
			Theft	\$ ACV less \$ deductible				
			Combined Additional	\$ ACV unless amount stated				
			Towing	\$ ACV unless amount stated				
			PIP	\$ each disablement		\$ 3 00s	\$ 3 00s	

P/R.863

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, but shall be subject to the terms, conditions, agreements and declarations of the policy. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by \_\_\_\_\_  
Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251921

SA 2873

ALLEN INC 250480

12.3/15/76



THE HARTFORD

Ap 5 f.00

Named Insured and Address

10CA43349E

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK NJ

Effective date 6/1/76- 8/21/76 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLES ARE ADDED TO THE CAPTIONED POLICY.

YEAR	MAKE	SERIAL #	BI	PD	ANNUAL		BI	PD	P/R PREM		UM
					MP	UM			MP		
72	FORD 4 DR	2G51F244262	14.00	4.00	19.00	6.00	3.00	1.00	4.00		1.00
60	FORD PK	F25JOH60795	14.00	4.00	16.00	6.00	3.00	1.00	4.00		1.00
60	FORD CB	F60JOK58469	14.00	4.00	16.00	6.00	3.00	1.00	4.00		1.00
56	CHEVY LL	3A56S031390	14.00	4.00	16.00	6.00	3.00	1.00	4.00		1.00
69	FORD S/W	U15PLE98271	14.00	4.00	19.00	6.00	3.00	1.00	4.00		1.00
71	FORD 2 DR	U15PLMC1403	14.00	4.00	19.00	6.00	3.00	1.00	4.00		1.00
			84.00	24.00	105.00	36.00	18.00	6.00	24.00		6.00

P/R .222

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

Subject to Protective Order - Highly Confidential

BSA-PLAN\_00251922

SA 2874

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The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

RISK  
CARD



**THE HARTFORD**  
COMPANY COPY

Form OA-577-1B (4 PART SNAPOUT SET) Printed in U. S. A.

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251924

**SA 2876**



DAILY REPORT for use with CASUALTY

THE HARTFORD INSURANCE CO.

- Co. Code
- (1) Hartford Fire Insurance Co.  
 (2) Hartford Accident and Indemnity Co.  
 (3) Hartford Casualty Insurance Co.  
 (4) New York Indemnity Insurance Co.  
 (5) Twin City Fire Insurance Co.

Form 8117, and DECISIONS Page Form AL-51-0

COMPANY COPY

Annual At

Semi-Annual

Quarterly

Monthly

Loss Control

Part

Reinsurance

Co. Code

INSURER→

5

POLICY NO. 10 CA43349E

Previous Policy No.

10 C A43349E

## DECLARATIONS

## Items

## 1. Named Insured and Address

The named insured is: ☐ Individual ☐ Partnership ☒ Corporation  
☐ Joint Venture ☐ Other

## 2. Policy Period

Producer's Name and Address

Agent Code

WILSON AND ALLEN INC. 25-0480 ✓  
 200 PARK AVE.,  
 NEW YORK, N.Y. 10017

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
 ROUTE #1  
 NORTH BRUNSWICK, N. J.

1-1-76 To 1-1-77

12:01 A. M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated.

RISK CARD

☐ Semi-Annual  
☐ Quarterly  
☒ Monthly

The insurance premium for this policy is as stated below. Insurance is afforded by the Coverage Parts forming a part hereof, the limits of liability as are stated therein and subject to all the terms of the policy having reference thereto.

## SUMMARY OF ADVANCE PREMIUMS

## COVERAGE PARTS

Comprehensive General Liability Insurance

Comprehensive Automobile Liability Insurance

Automobile Medical Payments Insurance

Uninsured Motorists Insurance

Automobile Physical Damage Insurance

Premises Medical Payments Insurance

Contractual Liability Insurance

Personal Injury Liability Insurance

Garage Insurance

EMPLOYEE BENEFIT LIABILITY INSURANCE

## ADVANCE PREMIUM

72,525.

12,510.00

14,576.

1,573.00

1,443.00

329.00

265.00

INCLUDED ✓

INCLUDED ✓

1573-

1,058.00

INCLUDED ✓

INCLUDED ✓

INCLUDED

1573-

1,058.00

INCLUDED ✓

INCLUDED ✓

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Form Numbers of Coverage Parts and endorsements not listed on Coverage Parts forming part of Policy at issue:

TOTAL ADVANCE PREMIUM

88,514.

24,276.00

SEE FORM AL-8-0C

If Policy Period more than one year: Gross Premium \$

Discount \$

Net Premium \$

Premium is payable: On effective date of Policy \$

1st Anniversary \$

2nd Anniversary \$

4. Business of the named insured is

EDUCATIONAL DEVELOPMENT

5. During the past 3 years no Insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder unless otherwise stated herein.

GUARANTY UNDERWRITINGS FUNDS 5.71 A.L.

The company located these documents 65.00 CIL.

business records. At this time, the company

has determined that these documents constitute

a complete and accurate copy of the policy.

SPEC. ACCTS. INS. DEPT.

Form AL-51-0 CDR Printed in U. S. A.




**THE HARTFORD**

## PREMIUM / COMMISSION NOTIFICATION LETTER

JAN. 22, 1976

(Date)

TO: WILSON AND ALLEN INC.  
(Producer)250480

(Code)

☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter

Gentlemen:

Insured: BOY SCOUTS OF AMERICANATIONAL COUNCILPolicy No.: 10 C A43349E  
<sup>59E</sup>  
<sub>77</sub>Policy Period: 1-1-76 TO 1-1-77

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium		Commission Rate
<u>CGL</u>	\$ <u><del>19,510.00</del> 12,525</u>	@	<u>10.0</u> ✓ %
<u>AUTOMOBILE LIABILITY</u>	\$ <u><del>3,443.00</del> 1,441.6</u>	@	<u>15.0</u> ✓ %
<u><del>AUTO PHYSICAL DAMAGE</del></u>	\$ <u><del>250.00</del> 157.3</u>	@	<u><del>15.0</del> 15.0</u> %
<u>GARAGE KEEPERS LIABILITY</u>	\$ <u><del>1,058.00</del></u>	@	<u><del>10.0</del></u> %
	\$	@	<u><del>15.0</del></u> %

Special Premium Instructions:

GUARANTEED UNDERWRITING FUND A.L. - \$5.72 25.44 0.0%G.L. - \$65.00 176.28 0.0% 2.3

The company located UNDERWRITING DEPARTMENT  
business records. At this time, the company  
does not certify that these documents constitute

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final audit.

## DALLAS REG OFFICE, P.O. BOX COUNTERSIGNATURE MEMO

Insured 927, DALLAS, TX. 75221

Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK, N.J.

Company Office

MANHATTAN

Co. Code

5

Policy No.

10 C A43349E

Expiration

1/1/77

Date

2/10/76

Name and Address of Producer

Please show Countersigning Agent preferred, if any, in block below.

WILSON AND ALLEN INC. 250480  
200 PARK AVE.,  
NEW YORK, N.Y. 10017

Name and Address of Countersigning Agent

## PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
NEW MEXICO	419	FRED C. WILSON

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State?

Producer's Rate of Commission 10.0 %

15.0

Premium

23,258. - AL  
8,268. AL

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251927

SA 2879

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



Code ☐ 1 Hartford Fire Insurance Company  
☒ 5 Hartford Accident and Indemnity Company  
☒ 3 Hartford Casualty Insurance Company

Code ☒ 6 New York Underwriters Insurance Company  
☒ 7 Twin City Fire Insurance Company  
☐ 8

Named Insured and Address

This Endorsement forms a part of ☒ Policy No. ☐ \*Bond No. 10 C A43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK, N. J.**

Effective date 1/1/78

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

NEW MEXICO

Producing Agent or Broker

WILSON AND ALLEN INC. 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ <u>5070</u>	5	General Liability	\$ <u>5906.00 23298</u>
5	Medical Payments	\$ <u>874.00</u>		Workmen's Compensation	\$
5	Property Damage	\$ <u>3198</u>		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
5	Other (specify) <u>UM</u>	\$ <u>276.00</u>		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, by so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by Resident Agent

## OKLAHOMA CITY REG. OFFICE COUNTERSIGNATURE MEMO OKLAHOMA CITY, OKLA. 73102

Insured 1200 CRAVENA BLDG.

Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK, N.J.

Company Office

MANHATTAN

Co. Code

5

Policy No.

10 C A43349E

Expiration

1/1/77

Date

2/10/76

Name and Address of Producer

WILSON AND ALLEN INC. 250480  
200 PARK AVE.,  
NEW YORK, N.Y. 10017

Please show Countersigning Agent preferred, if any,  
in block below.

Name and Address of Countersigning Agent

## PRODUCER --

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
OKLAHOMA	944658	Joseph W. Allen

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which States?

Producer's Rate of Commission 10.0 % Premium 1412.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Effective Date

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251929

SA 2881

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



Co. Code ☐ (1) Hartford Fire Insurance Company  
☐ (5) Hartford Accident and Indemnity Company  
☒ (3) Hartford Casualty Insurance Company

Co. Code ☐ (6) New York Underwriters Insurance Company  
☒ (7) Twin City Fire Insurance Company  
☐ (8)

This Endorsement forms a part of ☒ Policy No. ☐ \*Bond No. 10 C A43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK, N. J.**

Effective date 1/1/76-77

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

**OKLA.**

Producing Agent or Broker

**WILSON AND ALLEN INC. 250480**

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	<b>5</b>	General Liability	\$ <u>1149.00</u> <u>14/2.</u>
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)



HOUSTON REG. OFFICE

COUNTERSIGNATURE MEMO 1212 MAIN ST.,

Insured THE MAIN BLDG.

Address

HOUSTON, TX. 77002

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

RT #1 NORTH BRUNSWICK, N.J.

Company Office

MANHATTAN

Co. Code

5

Policy No.

10 C A4334SE

Expiration

1/1/77/5

Date

2/10/76

Name and Address of Producer

Please show Countersigning Agent preferred, if any,  
in block below.

Name and Address of Countersigning Agent

WILSON AND ALLEN INC. 250480  
200 PARK AVE.,  
NEW YORK, N.Y. 10017

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
TEXAS	4996	FRED C. WILSON

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which States

Producer's Rate of Commission 10.0 % Premium 104. 06

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251931

SA 2883

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



Co. Code ☐ 1 Hartford Fire Insurance Company  
☒ 5 Hartford Accident and Indemnity Company  
☐ 3 Hartford Casualty Insurance Company

Co. Code ☒ 6 New York Underwriters Insurance Company  
☒ 7 Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of ☒ Policy No. ☐ \*Bond No. 10 C A43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

<sup>59E</sup> BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
 NORTH BRUNSWICK, N. J.

Effective date 1/1/76-1/1

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

TEXAS

Producing Agent or Broker

WILSON AND ALLEN INC. 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ <del>64.00</del> 104.
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

MILWAUKEE REG. OFFICE

COUNTERSIGNATURE MEMO MILWAUKEE, WISC. 53202

Insured P.O. BOX 90299

Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK, N.J.

Company Office

Co. Code

Policy No.

Expiration

Date

MANHATTAN

5

10 C A43349E

1/1/77/78

2/20/76

Name and Address of Producer

Please show Countersigning Agent preferred, if any,  
in block below.

WILSON AND ALLEN INC. 250480  
200 PARK AVE.,  
NEW YORK, N.Y. 10017

Name and Address of Countersigning Agent

## PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
WISC.	29555	J. Allen

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Producer's Rate of Commission 10.0 % Premium 766.

15.0

248. AL

Effective Date 11/1/77

Form G-2669-0 Printed in U. S. A. 8-'67

COMPANY OFFICE OF PRODUCER

*Allen*

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251933

SA 2885

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



Co. Code ☐ 1 Hartford Fire Insurance Company  
☒ 5 Hartford Accident and Indemnity Company  
☐ 3 Hartford Casualty Insurance Company

Co. Code ☒ 6 New York Underwriters Insurance Company  
☒ 7 Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of ☒ Policy No. ☐ \*Bond No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK, N. J.**

Effective date **1/1/76**

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

**WISC.**

Producing Agent or Broker

**WILSON AND ALLEN INC. 250480**

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
<b>5</b>	Bodily Injury	\$ <b>520</b> <del>51.00</del>		General Liability	\$ <b>765.</b>
<b>5</b>	Medical Payments	\$ <b>54.00</b> <del>54.00</del>		Workmen's Compensation	\$
<b>5</b>	Property Damage	\$ <b>328.</b> <del>12.00</del>		Burglary	\$
<b>5</b>	Comprehensive	\$ <b>69.00</b> <del>69.00</del>		Glass	\$
	Collision	\$		Bond	\$
<b>5</b>	Other (specify) <b>UM</b>	\$ <b>9.00</b> <del>9.00</del>		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)



## RESIDENT A. COUNTERSIGNATURE ENDORSEMENT

Co. Code ☐ 1 Hartford Fire Insurance Company  
☒ 5 Hartford Accident and Indemnity Company  
☒ 3 Hartford Casualty Insurance Company

Co. Code ☒ 6 New York Underwriters Insurance Company  
☒ 7 Twin City Fire Insurance Company

This Endorsement forms a part of ☒ Policy No. ☐ \*Bond No. 10 C A433498 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
 NORTH BRUNSWICK, N. J.

Effective date 1/1/76-77

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

N.J.

Producing Agent or Broker

WILSON AND ALLEN INC. 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
5	Bodily Injury	\$ <u>2080.00</u>	5	General Liability	\$ <u>8297.00</u>
5	Medical Payments	\$ <u>467.00</u>		Workmen's Compensation	\$
5	Property Damage	\$ <u>1372.00</u>		Burglary	\$
	Comprehensive	\$		Glass	\$
5	Collision	\$		Bond	\$
5	Other (specify) <b>UM</b>	\$ <u>32.00</u>		Other (specify)	\$
	<b>PIP</b>	\$ <u>6.00</u>			\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)



## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Co. Code ☐ 1 Hartford Fire Insurance Company  
☒ 5 Hartford Accident and Indemnity Company  
☐ 3 Hartford Casualty Insurance Company

Co. Code ☐ 6 New York Underwriters Insurance Company  
☒ 7 Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms

a part of ☒ Policy No. ☐ \*Bond No. 10 C A43349E  
issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK, N. J.

Effective date

1/1/76

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

MINNESOTA

Producing Agent or Broker

WILSON AND ALLEN INC. 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
<u>5</u>	Bodily Injury	\$ <u>260.</u> <del>23.00</del>	<u>5</u>	General Liability	\$ <u>1864.</u>
<u>5</u>	Medical Payments	\$ <u>Drul</u>		Workmen's Compensation	\$
<u>5</u>	Property Damage	\$ <u>164.</u> <del>4.00</del>		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
<u>5</u> <u>5</u>	Other (specify) <u>P.I.P.</u> <u>U.M.</u>	\$ <u>2.00</u> <u>6.00</u>		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, and so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

6800 FRANCE AVE. SO. COUNTERSIGNATURE MEMO MINNEAPOLIS REG. OFFICE

Insured EDITHA, MINN. 55435

Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK, N.J.

Company Office

MANHATTAN

Co. Code

5

Policy No.

10 C A4334<sup>SE</sup>

Expiration

1/1/77X

Date

2/16/76

Name and Address of Producer

Please show Countersigning Agent preferred, if any,  
in block below.WILSON AND ALLEN INC. 250480  
200 PARK AVE.,  
NEW YORK, N.Y. 10017

Name and Address of Countersigning Agent

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
MINNESOTA	<del>086499</del> 036498	FRED C WILSON

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State?

Producer's Rate of Commission 10.0 % Premium 1864.  
15.0 424.

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251937

SA 2889

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Co. Code ☐ 1 Hartford Fire Insurance Company  
☒ 5 Hartford Accident and Indemnity Company  
☐ 3 Hartford Casualty Insurance Company

Co. Code ☒ 6 New York Underwriters Insurance Company  
☒ 7 Twin City Fire Insurance Company

This Endorsement forms a part of ☒ Policy No. ☐ \*Bond No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK, N.J.**

Effective date **1/1/76**

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

**MAINE**

Producing Agent or Broker

**WILSON AND ALLEN INC. 250480**

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
<b>5</b>	Bodily Injury	\$ <b>950.00</b>	<b>5</b>	General Liability	\$ <b>1164</b>
<b>5</b>	Medical Payments	\$ <b>100.00</b>		Workmen's Compensation	\$
<b>5</b>	Property Damage	\$ <b>40.00</b>		Burglary	\$
<del>5</del>	Comprehensive	\$ <del>150.00</del>		Glass	\$
	Collision	\$		Bond	\$
<b>6</b>	Other (specify) <b>DM</b>	\$ <b>100.00</b>		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by **(Signature)**

PORTLAND OFFICE

COUNTERSIGNATURE MEMO

PORTLAND OFFICE, PORTLAND,

Insured ONE MONUMENT SQ.

Address

MAINE 04111

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

RT #1 NORTH BRUNSWICK, N.J.

Company Office

Co. Code

Policy No.

Expiration

Date

MANHATTAN

5

10 C A43349E

1/1/77

2/10/76

Name and Address of Producer

Please show Countersigning Agent preferred, if any,  
in block below.

WILSON AND ALLEN INC. 250480  
200 PARK AVE.,  
NEW YORK, N.Y. 10017

Name and Address of Countersigning Agent

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
MAINE	565 NR	Wilson & Allen

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which States

Producer's Rate of Commission 10.0% Premium 1164. - SL

15.0

1060 AC

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251939

SA 2891

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



Co. Code ☐ 1 Hartford Fire Insurance Company  
☒ 5 Hartford Accident and Indemnity Company  
☒ 3 Hartford Casualty Insurance Company

Co. Code ☒ 6 New York Underwriters Insurance Company  
☒ 7 Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of ☒ Policy No. ☐ \*Bond No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK, N. J.**

Effective date **1/1/76-17**

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

**INDIANA**

Producing Agent or Broker

**WILSON AND ALLEN INC. 250480**

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 96
	Medical Payments	\$	5	Workmen's Compensation	\$ <del>20.00</del> 96
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)



INDIANAPOLIS REG OFFICE

COUNTERSIGNATURE MEMO SUITE 1800, INDIANAPOLIS, IND.

Insured ONE INDIANA SQ.

Address

46204

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

RT #1 NORTH BRUNSWICK, N.J.

Company Office

Co. Code

Policy No.

Expiration

Date

MANHATTAN

5

10 C A43349E

1/1/77<sup>8</sup>~~2/10/76~~

Name and Address of Producer

Please show Countersigning Agent preferred, if any,  
in block below.WILSON AND ALLEN INC 250480  
200 PARK AVE.,  
NEW YORK, N.Y. 10017

Name and Address of Countersigning Agent

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
INDIANA	NR 13136	Joseph W. Allen

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which States

Producer's Rate of Commission 10.0 % Premium 96. 86

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251941

SA 2893

## CHICAGO REG. OFFICE

## COUNTERSIGNATURE MEMO

Insured **HARTFORD PLAZA, CHICAGO, ILL. 60606** Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

RT #1 NORTH BRUNSWICK, N.J.

Company Office

MANHATTAN

Co. Code

5

Policy No.

10 C A433495

Expiration

1/1/77

Date

2/10/76

Name and Address of Producer

WILSON AND ALLEN INC. 250480  
200 PARK AVE.,  
NEW YORK, N. Y. 10017

Please show Countersigning Agent preferred, if any,  
in block below.

Name and Address of Countersigning Agent

## PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
ILLINOIS	S1328	FRED C. WILSON

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which States

Producer's Rate of Commission 10.0 % Premium 1593.64

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251942

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



Co. Code ☐ 1 Hartford Fire Insurance Company  
☒ 2 Hartford Accident and Indemnity Company  
☐ 3 Hartford Casualty Insurance Company

Co. Code ☒ 6 New York Underwriters Insurance Company  
☒ 7 Twin City Fire Insurance Company

This Endorsement forms a part of ☒ Policy No. ☐ \*Bond No. 10 C A43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK, N. J.

Effective date

1/1/76-77

Effective hour is the same as stated in the Declarations of the Policy.

\*Note: If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

GA.

Producing Agent or Broker

WILSON AND ALLEN INC. 250480

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	5	General Liability	\$ 174
	Medical Payments	\$	5	Workmen's Compensation	\$ <del>1000.00</del>
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is hereby considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Resident Agent)

ATLANTA REG. OFF.

COUNTERSIGNATURE MEMO P.O. BOX 1720,

Insured

Address

ATLANTA, GA. 30301

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK, N.J.

Company Office

Co. Code

Policy No.

Expiration

Date

MANHATTAN

5

10 C A433452

1/1/77-78

2/10/76

Name and Address of Producer

Please show Countersigning Agent preferred, if any,  
in block below.WILSON AND ALLEN INC. 250480  
200 PARK AVE.,  
NEW YORK, N.Y. 10017

Name and Address of Countersigning Agent

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
GA.	90081	JOSEPH W. ALLEN

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which State?

Producer's Rate of Commission 10.0% Premium 174.22

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251944

SA 2896

## RESIDENT AGENT COUNTERSIGNATURE ENDORSEMENT



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Co. Code ☐ 1 Hartford Fire Insurance Company  
☒ 2 Hartford Accident and Indemnity Company  
☒ 3 Hartford Casualty Insurance Company

Co. Code ☒ 6 New York Underwriters Insurance Company  
☒ 7 Twin City Fire Insurance Company

Named Insured and Address

This Endorsement forms a part of ☒ Policy No. ☐ \*Bond No. 10 C A43349E<sup>59E</sup> issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK, N. J.**

Effective date 1/1/76-97

Effective hour is the same as stated in the Declarations of the Policy.

**\*Note:** If this endorsement is issued to form a part of a bond, the word "Policy" as used herein means "Bond".

State for which this endorsement is issued

**DIST OF COLUMBIA**

Producing Agent or Broker

**WILSON AND ALLEN INC 250480**

The insurer with respect to each coverage shall be as designated by Co. Code Number.

Co. Code	Coverages (Automobile)	Premium For State	Co. Code	Coverages (other than Automobile)	Premium For State
	Bodily Injury	\$	<b>5</b>	General Liability	\$ <u>18.00 95.</u>
	Medical Payments	\$		Workmen's Compensation	\$
	Property Damage	\$		Burglary	\$
	Comprehensive	\$		Glass	\$
	Collision	\$		Bond	\$
	Other (specify)	\$		Other (specify)	\$ <u>all</u>

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

The countersignature hereto, by a duly authorized agent of the company, is to be considered the valid countersignature to the above policy, in so far as concerns that portion of the Risk located in the State named above.

Agency Location

Countersigned by (Agent's Name)



WASHINGTON REG. OFF.

COUNTERSIGNATURE MEMO 100 NO. PITT ST.

Insured

Address

ALEXANDRIA, VA. 22314

BOY SCOUTS OF AMERICA NATIONAL COUNCIL RT #1 NORTH BRUNSWICK, N.J.

Company Office

Co. Code

Policy No.

Expiration

Date

MANHATTAN

5

10 C A433452

59E

1/1/77-78

2/10/76

Name and Address of Producer

Please show Countersigning Agent preferred, if any,  
in block below.

WILSON AND ALLEN INC. 250480  
200 PARK AVE.,  
NEW YORK, N. Y. 10017

Name and Address of Countersigning Agent

PRODUCER —

The risk in caption involves inter-state coverage, which can be effected only by compliance with the respective state's laws. We are glad to be of assistance as intermediary in arranging such countersignature, but cannot be a party to any negotiation with the Countersigning Agent for the payment of the commission or fees. The countersigning fee should be remitted directly to the Countersigning Agent.

Please enter the premium, less commission, in your Account Current. If you accept an Office Account, you will be billed accordingly.

States of Insured's Operations	Non-Resident License, if any	
	Number	Name of Licensee
DIST OF COLUMBIA	49350	FRED. C. WILSON

If not licensed, is same desired? ☐ Yes ☐ No. If "Yes", which States

Producer's Rate of Commission 10.0 % Premium

95.-24

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form G-2669-0 Printed in U. S. A. 8-67

COMPANY OFFICE OF PRODUCER

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251946

SA 2898

## AMENDMENT OF CASUALTY INSURANCE POLICY - WISCONSIN

When this policy is issued or delivered in the State of Wisconsin it is agreed that:

1. Paragraph (a) of the Condition entitled "Insured's Duties in the Event of Occurrence, Claim or Suit" is amended to read:

**Insured's Duties in the Event of Occurrence, Claim or Suit**

- (a) In the event of an *occurrence*, written notice containing particulars sufficient to identify the *insured* and also reasonably obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of the injured and of available witnesses, shall be given by or for the *insured* to the company or any of its authorized agents within 20 days following the date of the *occurrence*; provided, that failure to give such notice within the time specified shall not invalidate any claim made by the *insured* if it shall be shown not to have been reasonably possible to give such notice within the prescribed time and that such notice was given as soon as reasonably possible.

2. Paragraph (b) of the Automobile Physical Damage Insurance Condition entitled "Named Insured's Duties in Event of Loss" is amended to read:

- (b) give notice thereof (i) to the company or any of its authorized agents within 20 days following the date the *loss* occurs, provided that failure to give such notice within the time specified shall not invalidate any claim made by the *named insured* if it shall be shown not to have been reasonably possible to give such notice within the prescribed time and that such notice was given as soon as reasonably possible, and also (ii) in the event of theft or larceny, promptly to the police;

3. The Condition entitled "Changes" is amended to read:

**Changes** The terms of this policy shall not be changed, except by endorsement issued to form a part of this policy, signed by an authorized representative of the Company.

Knowledge of an agent of the company at the time this policy is issued or an application made shall be knowledge of the company, and any fact which breaches a condition of the policy and is known to the agent when the policy is issued or the application made shall not void the policy or defeat a recovery thereon in the event of loss.

4. The following paragraph is added to the Condition entitled "Declarations":

No oral or written statement, representation or warranty made by the *insured* or in his behalf in the negotiation of this policy shall be deemed material or defeat or avoid the policy, unless such statement, representation or warranty was false and made with intent to deceive, or unless the matter misrepresented or made a warranty increased the risk or contributed to the loss. No breach of a warranty in this policy shall defeat or avoid this policy unless the breach of such warranty increased the risk at the time of the loss, or contributed to the loss, or existed at the time of the loss.

5. With respect only to such insurance as is afforded by the policy for *bodily injury* liability or *property damage* liability arising out of the ownership, maintenance or use of motor vehicles:

- (a) The company shall not cancel nor refuse to renew this policy solely because of the age, residence, race, color, creed, national origin, ancestry or occupation of any person who is an *insured* under this policy.
- (b) If the *named insured* is an individual, the "Persons Insured" provision is amended to include as an *insured* any person using a motor vehicle owned by the *named insured* which is designed to transport or draw persons or property on the public highways with the permission of an adult member of the *named insured's* household other than a chauffeur or domestic servant, and any other person or organization but only with respect to his or its liability because of acts or omissions of such an *insured*.

6. If an action for *bodily injury* or *property damage* is brought in Wisconsin, the Condition entitled "Action Against Company" is amended to read:

**Action Against Company** No action shall lie against the company unless, as a condition precedent thereto, there shall have been full compliance by the *insured* with all of the terms of this policy.

Any person or organization or the legal representative thereof who has secured a judgment against the *insured* shall be entitled to recover under this policy to the extent of the insurance afforded by this policy. Bankruptcy or insolvency of the *insured* or of the *insured's* estate shall not relieve the company of any of its obligations hereunder.

7. The following Conditions are added:

**A. Cancellation by Company Limited**

After this policy has been in effect for sixty days or, if this policy is a renewal, effective immediately, the company shall not exercise its right to cancel the insurance unless the *named insured* fails to discharge when due any of his obligations in connection with the payment of premium for this policy or any installment thereof, whether payable directly to the company or its agent or indirectly under any premium finance plan or extension of credit.

This agreement shall apply to each successive policy period for which the company consents to renew or continue this policy but nothing herein shall obligate the company to renew or continue this policy beyond the expiration of any annual period commencing with its original effective date; provided that, if this policy is written without a fixed expiration date or for a policy period longer than one year, this policy may be terminated by the company effective on the expiration of any such annual period by mailing to the *insured* named in Item 1 of the declarations at the address shown in this policy, written notice of such termination not less than thirty days prior to the expiration of such annual period. The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice by the company shall be equivalent to mailing.

Notwithstanding the failure of the company to comply with the foregoing provisions of this Condition, this policy shall terminate on the effective date of any other insurance policy issued as a replacement for any insurance afforded by this policy, with respect to any such insurance to which both such policies apply.

**B. Renewal**

If the company elects not to renew this policy, it shall mail to the *insured* named in Item 1 of the declarations, at the address shown in this policy, written notice of such nonrenewal not less than thirty days prior to the expiration date; provided that, notwithstanding the failure of the company to comply with the foregoing provisions of this paragraph, this policy shall terminate

1. on such expiration date, if
  - (a) the *named insured* has failed to discharge when due any of his obligations in connection with the payment of premium for this policy, or for the renewal thereof, or any installment of such premium, whether payable directly to the company or its agent or indirectly under any premium finance plan or extension of credit, or
  - (b) the company has by any means manifested its willingness to renew to the *named insured* or his representative, or
  - (c) the *named insured* has notified the company or its agent that he does not wish this policy to be renewed; or
2. on the effective date of any other insurance policy issued as a replacement for any insurance afforded by this policy, with respect to any such insurance to which both such policies apply.

The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice by the company shall be equivalent to mailing.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement forms a part of the policy, issued by THE HARTFORD INSURANCE GROUP company designated therein, which indicates this endorsement forms a part thereof, and takes effect as of the effective date of said policy.



*J. H. Schorn*  
President

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## Premium Installment



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. 10 C A433498  
 issued by THE HARTFORD INSURANCE GROUP company  
 designated therein, and takes effect as of the effective date of  
 said Policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the  
 named insured as stated herein. 88514

It is hereby understood and agreed that the ORIGINAL Premium of \$ 24,276.00  
 (Insert "original" or "additional" or "return")

will BE PAYABLE IN 12/10 installments as outlined in "Schedule of Payments."  
 (Insert "be payable in" or "reduce the")

## SCHEDULE OF PAYMENTS

NO.	DUE DATE OF PAYMENT	BODILY INJURY & PROPERTY DAMAGE LIABILITY EXCEPT AUTO	BODILY INJURY & PROPERTY DAMAGE LIABILITY AUTO	AUTO PHYSICAL DAMAGE	<i>Garage</i>	TOTAL
1	1-1-76	<del>1780.00</del>	<del>313.00</del>	<del>25.00</del>	<del>98.00</del>	<del>2216.00</del>
2	2-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
3	3-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
4	4-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
5	5-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
6	6-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
7	7-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
8	8-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
9	9-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
10	10-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
11	11-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
12	12-1-76	<del>1773.00</del>	<del>313.00</del>	<del>24.00</del>	<del>96.00</del>	<del>2206.00</del>
TOTALS		<u>19,510.00</u>	<u>3,443.00</u>	<u>265.00</u>	<u>1,058.00</u>	<u>24,276.00</u>

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

*attach*

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



11-15 EV  
WILSON & ALLENChange, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK, N JThis endorsement forms a part of Policy No. 10 CA 43349E  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date stated herein.Effective date 9-1-7612:01 A. M., standard time at the address of the named  
insured as stated herein.It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_
- ☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_
- ☒ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

  

☐ 6. Automobile(s) ADDED — *\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)*

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	Purpose of Use	Rating Classification

  

List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:
4382.				

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

A/R 1976 DODGE SPORTS VAN #B36BF6X13565A

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

*(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limit	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
	X		Bodily Injury Liability	\$ 500,000 each person				
	X		Medical Payments	\$ 500,000 each occurrence		\$ 9900		\$ 3300
	X		Property Damage Liability	\$ 5,000 each person		\$ 1800		\$ 600
	X			\$ 500,000 each occurrence		\$ 4400		\$ 1500
	X		Uninsured Motorists	\$ 10,000 each person				
				\$ 20,000 each accident		\$ 400		\$ 100
X			Comprehensive	\$ ACV unless amount stated				
				less \$ deductible		\$ 3100	\$ 10 00	
			Collision	ACV less \$ deductible				
			Fire, Lightning or Transportation	\$ ACV unless amount stated				
			Theft	\$ ACV unless amount stated				
			Combined Additional	\$ ACV unless amount stated				
			Towing	\$ each disablement				

The company located these documents in its  
TOTALS \$ 19600 \$ 10 00 \$ 5500  
LESS ADDITIONAL OR RETURN \$ 10 00 \$ 5500  
NET \$ 18600 \$ 00 \$ 00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, coverages, amounts, or exclusions of the policy other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company of the policy.

Countersigned by \_\_\_\_\_

Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251950

SA 2902





Pol.Symbol	Policy Number	Policy Inception Date
	CA43349	1/1/76

Producer's Code	Effective Mo.	Yr.	Premium	CR	Comm	Premium	CR	Comm
250480	1	76	133	3.0	X	000		
250480	1	76	70	7.1	000			

RECEIVED

OCT 25 1980

CODING DEPT.

To correct surtax on orig prem  $\frac{5}{6}$  70.70  
looked 133 30 see daily

SA 2903



10/1/RM WILSON &amp; ALLEN INC 250480

THE HARTFORD

RP 236.00

10 C A43349E

This endorsement forms a part of Policy No. 10 C A43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address  
BOY SCOUTS OF AMERICA NATIONAL  
COUNCIL INC

NORTH BRUNSWICK, NJ

9/1/76

Effective date 9/1/76 12:01 A.M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

IN CONSIDERATION OF THE ABOVE RETURN PREMIUM IT IS HEREBY  
UNDERSTOOD & AGREED THAT THE FOLLOWING VEHICLES ARE ELIMINATED  
FROM THE CAPTIONED POLICY:

VEH#	YEAR/MODEL	SERIAL #		BI	PD	MP	UM
17. <del>10/18</del>	74 CHEVY	CCZ264F180084	ANHL	14.00	4.00	16.00	3.00
			P/R	5.00	1.00	5.00	1.00
19. <del>10/30</del>	74 CHEVY	CCZ264F4178865	ANHL	14.00	4.00	16.00	3.00
			P/R	5.00	1.00	5.00	1.00
24 <del>10/18</del> 034986 1-10	72 CHEVY	CCE262F174138	ANHL	80.00	59.00	16.00	3.00
			P/R	27.00	20.00	5.00	1.00
25	72 CHEVY	CCE262F162163	ANHL	80.00	59.00	16.00	3.00
			P/R	27.00	20.00	5.00	1.00
26	73 CHEVY	CCZ263F171514	ANHL	80.00	59.00	16.00	3.00
			P/R	27.00	20.00	5.00	1.00
27	73 CHEVY	CCZ263F171671	ANHL	80.00	59.00	16.00	3.00
			P/R	27.00	20.00	5.00	1.00
TOTAL R/P				118.00	82.00	30.00	6.00

PR.334

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 C Printed in U.S.A. ISO:

**COMPOSITE RATING**  
**MEMORANDUM PAYROLL AUDIT DEPARTMENT**

INSURED: BOY SCOUTS OF AMERICA NATIONAL COUNCILPOLICY NO. 10 C A43349E PRODUCER WILSON & ALLEN INC. 250480POLICY PERIOD: FROM 1/1/76 TO 1/1/77COVERAGE CGL BASIS 13,007,000 W.C. PAYROLLCOMPOSITE RATE PER \$100 OF W.C. PAYROLL

RETRO. LIMITS - B.I. \_\_\_\_\_ P.D. \_\_\_\_\_

EXCESS LIMITS - B.I. \_\_\_\_\_ P.D. \_\_\_\_\_

TOTAL POLICY LIMITS - B.I. 500/500 (CSL) P.D. 500/500

The Composite Rates at policy limits are broken down as follows:-

State	Retro. Limits		Excess Limits		Policy Limits	
	B.I.	P.D.	B.I.	P.D.	B.I.	P.D.
CALIF.					.00727	.00032
D.C.					.00613	.00001
GA.					.00079	.00001
ILL.					.00826	.00062
IND.					.00014	.00001
MO.					.00148	.00001
N.J.					.05697	.00682
N.M.					.03686	.00855
N.Y.					.01202	.00041
OKLA.					.00850	.00033
TEXAS					.00048	.00001
					.13290	.01710

General Liability Coverages include:

O.L. & T. X; M. & C. X; Elev. \_\_\_\_\_; Prod. \_\_\_\_\_;Cont. X; O. & C.P. \_\_\_\_\_

REMARKS:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

M-2107

Subject to Protective Order - Highly Confidential

BSA-PLAN\_00251953

SA 2905

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date..... 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
PERSONAL INJURY LIABILITY INSURANCE  
LIQUOR LIABILITY INSURANCE (HOST COVERAGE)  
PREMISES MEDICAL PAYMENTS INSURANCE  
EMPLOYEE BENEFIT LIABILITY INSURANCE**

FORM NUMBERS OF COVERAGE PARTS AND ENDORSEMENTS NOT LISTED ON COVERAGE PARTS FORMING PART OF POLICY AT ISSUE:

**CGL**

- ✓ L-3503-0 COMPREHENSIVE GENERAL LIABILITY INSURANCE COVERAGE PART
- ✓ L-3523-0 CONTRACTUAL LIABILITY INSURANCE COVERAGE PART
- ✓ L-3524-0 LIQUOR LIABILITY INSURANCE (HOST COVERAGE)
- ✓ L-3505-0 PREMISES MEDICAL PAYMENTS INSURANCE COVERAGE PART
- ✓ L-3525-0 PERSONAL INJURY LIABILITY INSURANCE COVERAGE PART
- ✓ L-2583-2 EMPLOYEE BENEFIT LIABILITY INSURANCE COVERAGE PART (ALL OTHER)
- ✓ L-3037-1 REAL PROPERTY, ETC. AND EXTENSION AL-8-0C
- ✓ L-3012-0 BOATS
- ✓ L-3243-0 ADDITIONAL INSURED-VENDORS LIMITED FORM
- ✓ AL-8-0B INCIDENTAL MALPRACTICE LIAB. ENDT.
- ✓ AL-8-0C AMENDMENT LIMITS OF LIAB. (SINGLE LIMIT)
- ✓ AL-8-0B ADDITIONAL INSURED (INTERESTS OF TVA & USA (SPECIFIC))
- ✓ AL-8-0C WORLD WIDE COVERAGE
- ✓ L-3600-0 AMENDATORY ENDT.-NOTICE (TEXAS)

*AL-64-41 Amendment of Casualty Insurance (Wisconsin)*  
AS PER DECLARATION PAGE AL-51-0

- ✓ AL-8-0B NAMED INSURED ENDT.
- ✓ AL-57-0 PREMIUM INSTALLMENT
- ✓ AL-8-0B ADDITIONAL INSURED (GOLDEN GATE SCOUTING)
- ✓ AL-8-0B ADDITIONAL INSURED (US FOUNDATION FOR INT'L SCOUTING)
- ✓ AL-8-0B ADDITIONAL INSURED (EMPLOYEES, COUNCIL MEMBERS, ETC.)
- ✓ AL-8-0B NOTICE OF OCCURRENCE

- L-2853-1 ERRORS AND OMISSIONS INSURANCE-EMPLOYEE BENEFIT PROGRAM(ILL., N.J., N.Y., OKLA.WIS.)
- L-2853-0 ERRORS AND OMISSIONS INSURANCE -EMPLOYEE BENEFIT PROGRAM(TEXAS)
- L-3014-0 EXCLUSION COMPLETED OPERATIONS AND PRODUCTS HAZARDS

AS PER DECLARATION PAGE AL-51-0

- AL8-1 B NAMED INSURED ENDORSEMENT
- AL-8-1 B ADDITIONAL INSURED(EMPLOYEES, COUNCIL MEMBERS, ETC.)
- AL-8-1 B NOTICE OF OCCURRENCE
- AL-57-1 PREMIUM INSTALLMENT

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



THE HARTFORD

A p 12-06

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK NJ**

This endorsement forms a part of Policy No. **10CA43349E**  
 issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

Effective date **5/15/76 -8/26/76** 12:01 A. M. standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLE  
 IS ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M. T-06**

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
58	CHEVY PK	4B58K133152	14.00	4.00	16.00	6.00	4.00	1.00	5.00	2.00

P/R.282

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



25 0480



THE HARTFORD

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK NJ**

10CA43349E

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **6/1/76 - 8/19/76** 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLE IS ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M. T-06**

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
58	CHEVY CB	4B58K133100	14.00	4.00	16.00	6.00	3.00	1.00	3.00	1.00

P/R.216

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

UNION # 125 INC 25 480

DE 2/15/76



THE HARTFORD

Named Insured and Address

**BOY SCOUTS OF AMERICAN NATIONAL  
COUNCIL  
NORTH BRUNSWICK NJ**

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **6/1/76 - 8/18/76** 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLES ARE ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M. T-06**

YEAR	MAKE	SERIAL	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
65	FORD PK	F10JB698516	14.00	4.00	16.00	6.00	3.00	1.00	3.00	1.00
72	FORD PK	E37GHP26104	14.00	4.00	16.00	6.00	3.00	1.00	3.00	1.00
57	CHEVY LL	3A57K1C8046	14.00	4.00	16.00	6.00	3.00	1.00	3.00	1.00
			42.00	12.00	48.00	18.00	9.00	3.00	9.00	3.00

P/R .214

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

WILSON &amp; ALLEN INC 25 0480

3/11/76



THE HARTFORD

A.P. 7.00

Named Insured and Address

10CA43349E

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK NJ

Effective date 6/23/76- 8/26/76 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

### COMPREHENSIVE AUTOMOBILE LIABILITY

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLE IS ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N M T-06

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
56	CHEVY	4DR 0373850F567	14.00	4.00	19.00	6.00	2.00	1.00	3.00	1.00

P/R .175

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

AND ALLEN INC. 25 0480

ADDITIONAL PREMIUM INCLUDED  
IN COMPOSITE RATE.



THE HARTFORD

Named Insured and Address

10CA43349E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK, NJ

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

1/1/76

Effective date 1/1/76 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

IT IS AGREED AS RESPECTS THE ABOVE MENTIONED POLICY, REAL PROPERTY LIABILITY- FIRE ENDT L3037-1 IS EXTENDED TO INCLUDE THE FOLLOWING LOCATION:

BANCROFT BUILDING  
731 MARKET STREET,  
SAN FRANCISCO, CALIFORNIA.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:



Date Initiated 4-25-77

RECEIVED  
MAY 18 1968  
CODING DEPT.

To enter Bud's; never received

Interviewed for \_\_\_\_\_

**Premium Accounting Supervisor**

**Remarks:**

SA 2912



11-15 EV WILSON & ALLEN INC. 25 0480

R/P#40.



THE HARTFORD

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL  
COUNCIL

NORTH BRUNSWICK, N J

This endorsement forms a part of Policy No. **10 CA 43349E**  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date **9-1-76** 12:01 A.M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

**IT IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES  
DESCRIBES ON FORM A3471-0 IS ELIMINATED FOR LIABILITY COVERAGE.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....  
Authorized Agent

Form AL-8-1 A Printed in U.S.A. ISO:

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

11-15 EV

## Schedule of Automobiles and Covered Automobiles

P/R.334

This Schedule forms a part of Policy No. **10 CA 43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **9-1-76**  
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls. Truck Load, Gallons Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Towing and Labor Costs	
						Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium		
20	72 CHEV CARRYALL #CCE262F175642			C		\$ 6.00	\$ 1.00		\$	\$		\$	\$	
	BOULDER JUNCTION, WISC		09	IND TRK		\$ 6.00	\$ 1.00		\$	\$		\$	\$	
22	73 INTL TRAVELALL #3HOHOCHB51426			C		\$ 6.00	\$ 1.00		\$	\$		\$	\$	
	BOULDER JUNCTION, WISC		09	IND TRK		\$ 6.00	\$ 1.00		\$	\$		\$	\$	
30	65 CHEV CARRYALL #C1465F143668			C		\$ 33.00	\$ 15.00		\$	\$		\$	\$	
	BOULDER JUNCTION, WISC		09	034986		\$ 6.00	\$ 1.00		\$	\$		\$	\$	
32	52 WILLYS JEEP #7815			P&B		\$ 72.00	\$ 22.00		\$	\$		\$	\$	
	BOULDER JUNCTION, WISC		09	PPT		\$ 7.00	\$ 1.00		\$	\$		\$	\$	
33	63 CHEV P/U #C254F126644			C		\$ 33.00	\$ 15.00		\$	\$		\$	\$	
	BOULDER JUNCTION, WISC		09	034986		\$ 6.00	\$ 1.00		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
						\$	\$		\$	\$		\$	\$	
*Not Available in California *P & B = Pleasure and Business; C = Commercial						TOTAL	\$ 150.00	\$ 54.00				\$	\$	
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.							\$	\$				\$	\$	
No.	Name and Address of Loss Payee					No.	\$ 31.00	\$ 5.00				\$	\$	

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

INC 25 0480

/76



THE HARTFORD

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK NJ**

This endorsement forms a part of Policy No. **10CA43349E**  
 issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

**6/1/76 - 8/26/76**

Effective date ..... 12:01 A. M., standard time  
 at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLES  
 ARE ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M T-06**

YEAR	MAKE	SERIAL #	<u>ANNUAL</u>				<u>P/R PREM.</u>			
			BI	PD	MP	UM	BI	PD	MP	UM
73	FORD S/W	E31GHR8799979	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
72	FORD CB	F60BVP21100	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
72	FORD 2DR	U15GLP28943	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
61	FORD PK	F101JD170009	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
72	CHEVY 4DR	CKS162F175471	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
72	CHEVY 4 DR	CK3162F175752	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
64	DODGE PK	1161405714	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
53	CHEVY CB	W53K039571	14.00	4.00	16.00	6.00	3.00	1.00	4.00	1.00
			112.00	32.00	128.00	48.00	24.00	8.00	32.00	8.00

P/R.236

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

LLEN INC 25 0480

5/12/76



THE HARTFORD

A p 12.00

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

**BOY SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK NJ**

Effective date **5/1/76 - 8/26/76** 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLE IS ADDED TO THE CAPTIONED POLICY. GARAGE COMARRON N.M T-06**

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
64	DODGE PK	1161405693	14.00	4.00	16.00	6.00	4.00	1.00	5.00	2.00

P/R.321

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

Subject to Protective Order - Highly Confidential

BSA-PLAN\_00251964

SA 2916

&amp; ALLEN INC 250480

5/19/76



THE HARTFORD

AP 18-00

Named Insured and Address

10CA43349E

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK NJ

Effective date 6/1/76 - 8/20/76 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

### COMPREHENSIVE AUTOMOBILE LIABILITY

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLES ARE ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M. T-06

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
69	FORD S/W	U15FLE98272	14.00	4.00	19.00	6.00	3.00	1.00	4.00	1.00
69	FORD S/W	U15PLG98273	14.00	4.00	19.00	6.00	3.00	1.00	4.00	1.00
			28.00	8.00	38.00	12.00	6.00	2.00	8.00	2.00

P/R.219

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:





THE HARTFORD

A b 8:00

10CA43349E

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 6/15/76 - 8/20/76 12:01 A. M., standard time at the address of the named insured as stated herein.

Named Insured and Address  
**BOY SCOUTS OF AMERICA**  
**NATIONAL COUNCIL**  
**NORTH BRUNSWICK NJ**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING VEHICLE IS ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M. T-06**

YEAR	MAKE	SERIAL #	ANNUAL				P/R PREM			
			BI	PD	MP	UM	BI	PD	MP	UM
75	FORD BRONCO	U15G1W86679	14.00	4.00	19.00	6.00	3.00	1.00	3.00	1.00

P/R.181

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

WILSON &amp; ALLEN INC 25 0480

3/9/76



THE HARTFORD

Named Insured and Address

10CA43349E

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK NJ

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 6/20/76-8/12/76 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING BUSES ARE ADDED TO THE CAPTIONED POLICY GARAGE CIMARRON N.M T-06

PASS	SERIAL #	ANNUAL				P/R PREMIUM			
		BI	PD	MP	UM	BI	PD	MP	UM
38	PD41044811	115.00	71.00	24.00	6.00	17.00	10.00	3.00	1.00
30	CSE522V148935	94.00	59.00	19.00	6.00	14.00	9.00	3.00	1.00
28	CSE522V116269	94.00	59.00	19.00	6.00	14.00	9.00	3.00	1.00
		303.00	189.00	62.00	18.00	45.00	28.00	9.00	3.00

P/R .145

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

OLSON &amp; ALLEN INC 25 0480

DB 3/19/76



THE HARTFORD

73.00

Named Insured and Address

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK NJ

Effective date 6/12/76 - 8/12/76 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING BUSES ARE ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M.

PASS	SERIAL #	ANNUAL				P/R PREMIUM			
		BI	PD	MP	ULM	BI	PD	MP	UM
26	56426A149316	94.00	59.00	19.00	6.00	16.00	10.00	3.00	1.00
66	5E520P168359	135.00	84.00	28.00	6.00	23.00	14.00	5.00	1.00
		229.00	143.00	47.00	12.00	39.00	24.00	8.00	2.00

T-06

P/R .167

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO

LEH INC 25 180

3/19/76



THE HARTFORD

Named Insured and Address

10CA43349E

This endorsement forms a part of Policy No. 10CA43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK NJ

Effective date 6/12/76- 8/18/76 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING BUS IS ADDED TO THE CAPTIONED POLICY. GARAGE CIMARRON N.M.**

PASS	SERIAL #	ANNUAL				P/R PREM			
		BI	PD	MP	UM	BI	PD	MP	UM
26	SE521P145601	94.00	59.00	19.00	6.00	17.00	11.00	3.00	1.00

T-06

P/R .184

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

WYSCOTT &amp; ALLEN INC 25 480

3/19/76



THE HARTFORD

Named Insured and Address

**BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK NJ**

This endorsement forms a part of Policy No. **10CA43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **6/20/76-8/16/76** 12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING BUS IS ADDED TO THE CAPTIONED POLICY. GARAGE-CINARRON N.M.**

PASS	SERIAL #	ANNUAL				P/R PREM			
		BI	PD	MP	UM	BI	PD	MP	UM
36	35881	115.00	71.00	24.00	6.00	18.00	11.00	4.00	1.00
66	13662EHA16435	135.00	84.00	28.00	6.00	21.00	13.00	4.00	1.00
						39.00	24.00	8.00	2.00

T-06

P/R .156

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

8-1 B Printed in U.S.A. ISO:



LEN INC 25 480



THE HARTFORD

Named Insured and Address

**BOY SCOUTS OF AMERICA NATIONAL  
COUNCIL  
NORTH BRUNSWICK NJ**

This endorsement forms a part of Policy No. **10CA43349E**  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date **6/20/76- 8/13/76** 12:01 A. M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

**IN CONSIDERATION OF THE ABOVE ADDITIONAL PREMIUM THE FOLLOWING  
BUSES ARE ADDED TO THE CAPTIONED POLICY-GARAGE CIMARRON N.M. T-06**

<u>PASS</u>	<u>SERIAL #</u>	<u>BI</u>	<u>PD</u>	<u>MP</u>	<u>UM</u>	<u>BI</u>	<u>PD</u>	<u>MP</u>	<u>UM</u>
28	SE527A146854	94.00	59.00	19.00	6.00	14.00	9.00	3.00	1.00
28	SE527A143498	94.00	59.00	19.00	6.00	14.00	9.00	3.00	1.00
26	S6425A123716	94.00	59.00	19.00	6.00	14.00	9.00	3.00	1.00
		282.00	177.00	57.00	18.00	42.00	27.00	9.00	3.00

P/R.148

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

ALLEN INC 25 0480

2/76



THE HARTFORD

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK NJ

This endorsement forms a part of Policy No. **10CA43349E**  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date **1/1/76** 12:01 A.M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

IT IS HEREBY UNDERSTOOD AND AGREED THE VEHICLES DESCRIBES BELOW  
ARE ELIMINATED FROM THE CAPTIONED POLICY.

#	YEAR	MAKE	SERIAL #	BI	PD	MP	UM
45	68	FORD P/C	A101468	14.00	4.00	19.00	6.00
48	74	CHEV TRAVELALL	CKY264P179594	14.00	4.00	19.00	6.00
51	72	FORD VAN	2651F244292	14.00	4.00	19.00	6.00
52	58	CHEV PK	4B58F132267	14.00	4.00	19.00	6.00
56	64	DODGE CB	2261378469	14.00	4.00	19.00	6.00
62	69	CHEV PK	KS169Z2848257	14.00	4.00	19.00	6.00
64	72	FORD 2 DR	U150LP28943	14.00	4.00	19.00	6.00
65	61	FORD PK	F10JD170009	14.00	4.00	19.00	6.00
68	72	CHEV 4DR	CKS162F175471	14.00	4.00	19.00	6.00
69	72	CHEV 4 DR	CKS162F175752	14.00	4.00	19.00	6.00
77	69	CHEV 2 DR	KS169Z2847104	14.00	4.00	19.00	6.00
79	69	FORD S/W	U15FLD86049	14.00	4.00	19.00	6.00
83	47	LOWBOY TRAILER	NMF-9000037	-	-	-	-
				182.00	52.00	247.00	78.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

DB 3/22/76



**Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations**

This endorsement forms a part of Policy No. FOCA433498  
issued by THE HARTFORD INSURANCE GROUP company designat-  
ed therein, and takes effect as of the effective date stated herein.

BOY SCOUTS OF AMERICA NATIONAL  
COUNCIL  
NORTH BRUNSWICK NJ

Effective date.....1/1/76

12:01 A. M., standard time at the address of the *named insured* as stated herein.

Item

- ☐ 1. The *named insured's* NAME is amended to read .....
- ☐ 2. The *named insured's* ADDRESS is amended to read .....
- ☐ 3. **CHANGE OF COVERAGE** — The insurance afforded is amended as indicated by entry in the **SCHEDULE** of this endorsement.
- ☐ 4. The **CLASSIFICATION** for the Automobile designated herein is amended to read as follows: .....
- ☒ 5. Automobiles **DELETED** — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

☒ 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
76	MOTO SKI	#02425	MLD 3-104	ORRINGTON ME	C	
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Symbol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)			ACV means Actual Cash Value		PREMIUMS		
★ Include	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500,000 each person \$ 500,000 each occurrence	\$ 180.00	\$ 80.00	
			Medical Payments	\$ 500 each person	\$ 10.00	\$ 10.00	
			Property Damage Liability	\$ 500,000 each occurrence	\$ 13.00	\$ 13.00	
			Uninsured Motorists	\$ 10,000 each person \$ 20,000 each accident	\$ 3.00	\$ 3.00	\$
			Comprehensive	\$ ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$
					\$	\$	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by:

.....  
*Authorized Agent*

A-3459-0 Printed in U.S.A.

Subject to Protective Order – Highly Confidential

BSA-PLAN 00251973

SA 2925

HILSON &amp; ALLEN INC 25-0480

DB 3/22/76



THE HARTFORD

# Change, Elimination or Addition of Automobile Change of Coverage — Amendment of Declarations

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

**BOY-SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK NJ**

Effective date **2/3/76**

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

## Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_
- ☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☒ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.
<b>72 CHEVY P/U</b>	<b>#CCS142B139673</b>	

☐ 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
★ Include	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
X	X		Bodily Injury Liability	\$500	,000 each person	\$ 12 00	\$	\$ 11 00
	X		Medical Payments	\$ 5,000	each person	\$ 26 00	\$	\$ 24 00
	X		Property Damage Liability	\$500	,000 each occurrence	\$ 4 00	\$	\$ 4 00
	X		Uninsured Motorists	\$ 15	,000 each person	\$ 2 00	\$	\$ 2 00
				\$ 30	,000 each accident			
			Comprehensive	\$ ACV unless amount stated less \$ deductible		\$	\$	\$
			Collision	ACV less \$ deductible		\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated		\$	\$	\$
			Theft	\$ ACV unless amount stated		\$	\$	\$
			Combined Additional	\$ ACV unless amount stated		\$	\$	\$
			Towing	\$ each disablement		\$	\$	\$
						\$	\$	\$
						\$	\$	\$

P/R.910

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements, declarations or the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by \_\_\_\_\_

Authorized Agent

Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251974

SA 2926



INC 25 0480

# Elimination or Addition of Automobile Change of Coverage — Amendment of Declarations



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10CA43349E**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date stated herein.

**BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK NJ**

Effective date **2/10/76**

12:01 A. M., standard time at the address of the named insured as stated herein.

It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

## Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_
- ☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_
- ☐ 3. **CHANGE OF COVERAGE** — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The **CLASSIFICATION** for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☒ 5. Automobiles **DELETED** — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating - Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

☒ 6. Automobile(s) **ADDED** —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
<b>76 CHEVY P/U</b>		<b>#CCD146B112323</b>		<b>AS ABOVE</b>	<b>C</b>	<b>IND. TRK</b>
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

T-40

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

* (Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN	
<input checked="" type="checkbox"/>			Bodily Injury Liability	\$ 500 ,000 each person	\$ 12 00	\$ 11 00		
<input checked="" type="checkbox"/>			Medical Payments	\$ 500 ,000 each occurrence	\$ 45 00	\$ 40 00		
<input checked="" type="checkbox"/>			Property Damage Liability	\$ 5000 each person	\$ 4 00	\$ 4 00		
<input checked="" type="checkbox"/>			Uninsured Motorists	\$ 500 ,000 each occurrence	\$ 2 00	\$ 2 00		
				\$ 15 ,000 each person				
				\$ 30 ,000 each accident				
			Comprehensive	\$ ACV unless amount stated				
				less \$ deductible	\$	\$	\$	
			Collision	ACV less \$ deductible	\$	\$	\$	
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$	
			Theft	\$ ACV unless amount stated	\$	\$	\$	
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$	
			Towing	\$ each disablement	\$	\$	\$	
					\$	\$	\$	

P/R.890

TOTALS \$ 63 00 \$ 57 00  
NET ADDITIONAL PREMIUM \$ 57 00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by \_\_\_\_\_

Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251975

SA 2927





**20 YR.  
RET.**

Pol.Symbol	Policy Number	Policy Inception Date
C1	A43349	11/76

[illegible]

Reason for Correction:

Office entry Received in Accounts Register  
nothing on daily TO Substantiate /

Initiated by be

Remarks:

SA 2928

## PREMIUM / COMMISSION NOTIFICATION LETTER

11-15-76

(Date)

TO: WILSON & ALLEN INC.

(Producer)

25 0480

(Code)

☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter

Gentlemen:

Insured: BOY SCOUTS OF AMERICA NATIONAL COUNCILNORTH BRUNSWICK, N. J.Policy No.: 10 CA 43349EPolicy Period: 1-1-76 - 1-1-77

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
AUTO PEY DAM	\$ A/P \$42.00	@ 15 %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %

Special Premium Instructions:

UNDERWRITING DEPARTMENT

The company located these documents in its business records. Those marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment. The company does not certify that these documents constitute a complete and accurate copy of the policy.

20 YR.  
RET.

THE HARTFORD

10/1/RM WILSON &amp; ALLEN INC 250480

RP 26.00

10 C A43349E

Named Insured and Address

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
INC

NORTH BRUNSWICK, NJ

This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

8/30/76

Effective date ..... 12:01 A.M., standard time  
at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

IN CONSIDERATION OF THE ABOVE RETURN PREMIUM IT IS HEREBY UNDERSTOOD &  
AGREED THAT THE FOLLOWING VEHICLES ARE ELIMINATED FROM THE CAPTIONED  
POLICY:

YEAR / MODEL	SERIAL #		BI	PD	PIP	UM
1976 FORD CLUBWAGON	E23HMC40438	ANNL	29.00	4.00	3.00	3.00
		P/R	10.00	1.00	1.00	1.00
1976 FORD CLUB WAGON	E23HMC4073	ANNL	29.00	4.00	3.00	3.00
		PR	10.00	1.00	1.00	1.00
TOTAL R/P			20.00	2.00	2.00	2.00

PR. 340

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
books and records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

Form AL-8-1 C Printed in U.S.A. ISO:



**THE HARTFORD**

PREMIUM / COMMISSION NOTIFICATION LETTER

**8-16-76**

(Date)

TO: **WILSON & ALLEN INC.**  
(Producer)**25-0480**

(Code)

- ☐ Commission Breakdown for Premium Discount
- ☒ Negotiated Commission / Premium Letter
- ☐ Standard Average Commission

Gentlemen:

Insured: **BOY SCOUTS OF AMERICA****NATIONAL COUNCIL**Policy No.: **10 CA 43349E**Policy Period: **1-1-76 TO 77**

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<b>COMP. AUTO LIAB.</b>	\$ <b>A/P 40.00</b>	@ <b>15</b> %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %

Special Premium Instructions:

**ICBP AND CPP: PROCESS AT STANDARD AVERAGE COMM.** (1) Original entry (2) Automobile renewed annually. **PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM.** (1) Endorsement changes (2) In term cancellations (3) Audit adjustments **EXCEPT** when the original 3 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which the normal line is less than 15%. **PROCESS AT THE COMM. RATE USED TO BOOK EACH INDIVIDUAL ENTRY.** (1) Anniversary and/or flat cancellations.

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final audit.



DS8-16-76

Named Insured and Address

Effective date.....~~7-26-76~~

12:01 A. M., standard time at the address of the *named insured* as stated herein.

Item

- ☐ 1. The **named insured's NAME** is amended to read \_\_\_\_\_
- ☐ 2. The **named insured's ADDRESS** is amended to read \_\_\_\_\_
- ☐ 3. **CHANGE OF COVERAGE** — The insurance afforded is amended as indicated by entry in the **SCHEDULE** of this endorsement.
- ☐ 4. The **CLASSIFICATION** for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☒ 5. Automobiles **DELETED** — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification	Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.
			veh. #28	71 CHEV. CARRY-ALL		#C5261F650350

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
76 CHEV. SPORT-VAN		#CGL366U213586		ORRINGTON, ME.	C	034986

List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym-bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:

T-10

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)			ACV means Actual Cash Value		PREMIUMS		
★ Include	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500,000 each person			
				\$ 500,000 each occurrence	\$ 47 00	\$ 20 00	
X			Medical Payments	\$ 5,000 each person	\$ 9 00	\$ 4 00	
X			Property Damage Liability	\$ 500,000 each occurrence	\$ 34 00	\$ 15 00	
				\$ 10,000 each person			
X			Uninsured Motorists	\$ 20,000 each accident	\$ 2 00	\$ 1 00	
			Comprehensive	\$ ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$
					\$	\$	\$

P/R .436

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by: Francis J. Fields  
Authorized Agent

**THE HARTFORD,**

BOY SCOUTS OF AMERICA NATIONAL COUNCIL  
NORTH BRUNSWICK, N.J.

Effective date.....**7-25-76**

12:01 A. M., standard time at the address of the named insured as stated herein.

**Item**

1187. Fixed's NAME is amended to read

2. The named insured's ADDRESS is amended to read

**COVERAGE** — The insurance afforded is amended as indicated by entry in the **SCHEDULE** of this endorsement.

4. The **CLASSIFICATION** for the Automobile designated herein is amended to read as follows:

5. Automobiles **DELETED** — The insurance with respect to the Automobile designated herein is terminated.

Year/Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.
77 CHEV. CARRY-ALL		95261P650150

6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

**SCHEDULE**

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)			ACV means Actual Cash Value		PREMIUMS		
★ Include	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY	ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500,000 each person	\$ 47.00	20.00	
X			Medical Payments	\$ 5,000 each person	\$ 3.00	4.00	
X			Property Damage Liability	\$ 500,000 each occurrence	\$ 34.00	15.00	
X			Uninsured Motorists	\$ 20,000 each accident	\$ 2.00	1.00	
			Comprehensive	\$ ACV unless amount stated less \$ deductible	\$	\$	\$
			Collision	ACV less \$ deductible	\$	\$	\$
			Fire, Lightning or Transportation	\$ ACV unless amount stated	\$	\$	\$
			Theft	\$ ACV unless amount stated	\$	\$	\$
			Combined Additional	\$ ACV unless amount stated	\$	\$	\$
			Towing	\$ each disablement	\$	\$	\$
					\$	\$	\$

7/11 1936

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by \_\_\_\_\_

.....  
Authorized Agent

A-3459-0 Printed in U.S.A.

**Subject to Protective Order – Highly Confidential**

BSA-PLAN 00251982

SA 2934

DS

**THE HARTFORD**

PREMIUM / COMMISSION NOTIFICATION LETTER

8-16-76

(Date)

TO: WILSON & ALLEN INC.  
(Producer)25-0480  
(Code)☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter☐ Standard Average Commission

Gentlemen:

Insured: BOY SCOUTS OF AMERICA  
NATIONAL COUNCILPolicy No.: 10 C A43349EPolicy Period: 1-1-76 TO 77

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<u>COMP. AUTO LIAB.</u>	\$ <u>A/P 80.00</u>	@ <u>15</u> %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %

Special Premium Instructions:

ICBP AND CPP: PROCESS AT STANDARD AVERAGE COMM. (1) Original entry (2) Automobile ratered annually. PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM. (1) Endorsement changes (2) In term cancellations (3) Audit adjustments EXCEPT when the original 3 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which the normal line is less than 15%. PROCESS AT THE COMM. RATE USED TO BOOK EACH INDIVIDUAL ENTRY. (1) Anniversary and/or flat cancellations.

The company located UNDERWRITING DEPARTMENT business records. At this time, the company does not certify that these documents constitute

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are tentative rates subject to adjustment at final audit.

SA 2936



DS

**THE HARTFORD**

## PREMIUM / COMMISSION NOTIFICATION LETTER

**8-16-76**

(Date)

TO: **WILSON & ALLEN INC.**

(Producer)

**25-0480**

(Code)

☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter☐ Standard Average Commission

Gentlemen:

Insured: **BOY SCOUTS OF AMERICA****NATIONAL COUNCIL**Policy No.: **10 CA 43349E**Policy Period: **1-1-76 TO 77**

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<b>COMP. AUTO LIAB.</b>	<b>\$ A/P 82.00</b>	<b>@ 15 %</b>
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %
	\$	@ %

Special Premium Instructions:

**ICBP AND CPP: PROCESS AT STANDARD AVERAGE COMM.** (1) Original entry (2) Automobile renewed annually. **PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM.** (1) Endorsement changes (2) In term cancellations (3) Audit adjustments **EXCEPT** when the original 3 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which

the normal line is less than 15%. **PROCESS AT THE COMM. RATE USED TO BOOK EACH INDIVIDUAL ENTRY.** (1) Anniversary and/or flat cancellations.

The company located UNDERWRITING DEPARTMENT business records. At this time, the company does not certify that these documents constitute

All commission rates marked with an asterisk (\*) are final rates. Those not marked with an asterisk are relative rates subject to adjustment at final audit.



# Change, Elimination or Addition of Automobile Change of Coverage — Amendment of Declarations



THE HARTFORD

**WILSON & ALLEN INC. 25-0428**  
**DSB-16-76**

Named Insured and Address

**BOU SCOUTS OF AMERICA NATIONAL COUNCIL**  
**NORTH BRUNSWICK, N.J.**

This endorsement forms a part of Policy No. **10 CA 43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date stated herein.

Effective date **7-8-76**

12:01 A. M., standard time at the address of the named insured as stated herein.

the policy is amended, with respect only to such of the following Items as are indicated by ☒:

insured's NAME is amended to read

insured's ADDRESS is amended to read

☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows:☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

**6. Automobile(s) ADDED —**

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyl. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
<b>72 CHEV. CARRY-ALL</b>	<b>PECE162F149115</b>	<b>NO. CC1</b>	<b>GOLDEN POND, KY</b>	<b>C</b>	<b>034986</b>	
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

T-12

The insurance afforded for the added automobile is only with respect to such, and so many of the following coverages, each as defined in the policy, as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

★(Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
★ Include	★ Delete	★ Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
<input checked="" type="checkbox"/>			Bodily Injury Liability	\$ 500,000 each person		\$ 74 00	36 00	
<input checked="" type="checkbox"/>			Medical Payments	\$ 500 each occurrence		\$ 19 00	9 00	
<input checked="" type="checkbox"/>			Property Damage Liability	\$ 5,000 each occurrence		\$ 72 00	35 00	
<input checked="" type="checkbox"/>			Uninsured Motorists	\$ 10,000 each person		\$ 4 00	2 00	
<input checked="" type="checkbox"/>				\$ 20,000 each accident				
			Comprehensive	\$ ACV unless amount stated				
			Collision	less \$ deductible				
			Fire, Lightning or Transportation	ACV less \$ deductible				
			Theft	\$ ACV unless amount stated				
			Combined Additional	\$ ACV unless amount stated				
			Towing	\$ each disablement				

P/B .485

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy other than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by

Authorized Agent

**THE HARTFORD**

## PREMIUM / COMMISSION NOTIFICATION LETTER

7/9/RM

(Date)

**WILSON & ALLEN INC**

TO:

(Producer)

**250480**

(Code)

☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter☐ Standard Average Commission

Gentlemen:

Insured: **BOY SCOUTS OF AMERICA****NATIONAL COUNCIL**Policy No.: **10 C A43349E**Policy Period: **1/1/76-77**

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<b>COMP. AUTO LIAB</b>	<b>A/P 1246.00</b>	<b>15</b> %
	\$	@
	\$	@
	\$	@
	\$	@
	\$	@

Special Premium Instructions:

**ICBP AND CPP: PROCESS AT STANDARD AVERAGE COMM.** (1) Original entry (2) Automobile renewed annually. **PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM.** (1) En-

dorsement changes (2) In term cancellations (3) Audit adjustments **EXCEPT** when the original 3 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which

the normal line is less than 15%. **PROCESS AT THE COMM. RATE USED TO BOOK EACH INDIVIDUAL ENTRY.** (1) Anniversary and/or flat cancellations.

The company located **UNDERWRITING DEPARTMENT** business records. At this time, the company does not certify that these documents constitute

All commission rates marked with an asterisk (\*) are **final rates**. Those not marked with an asterisk are **tentative rates** subject to adjustment on final audit.

RP 41.00



7/9/RM WILSON &amp; ALLEN INC 250480

THE HARTFORD

Named Insured and Address

10 C A43349E

This endorsement forms a part of Policy No. 10 C A43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL  
NORTH BRUNSWICK, NJ

6/4/76

Effective date 6/4/76 12:01 A. M., standard time  
Address of the named insured as stated herein.

such insurance as is afforded by the provisions of the policy relating to the following:

**UTOMOBILE PHYSICAL DAMAGE**

**IT IS HEREBY UNDERSTOOD AND AGREED THAT THE FOLLOWING VEHICLES DESCRIBED BELOW, COMPREHENSIVE COVERAGE IS ELIMINATED**

<u>VEHICLE #</u>	<u>TYPE</u>	<u>SERIAL #</u>	<u>P/R.578</u>
29	69 CHEV CARRYALL	CE168F173539	6.00
30	65 CHEV CARRYALL	CI465F143668	6.00
31	61 CHEV CARRYALL	IC146J118947	6.00
32	52 WILLYS JEEP	7815	11.00 PPT
33	63 CHEV P/U	C254F126644	6.00
34	69 FORD P/U	F10DLF12655	6.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251988

SA 2940



AP 712.00



THE HARTFORD

7/9/RH WILSON & ALLEN INC 250480

Named Insured and Address

10 C A43349E

This endorsement forms a part of Policy No. 10 C A43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL

NORTH BRUNSWICK, NJ

Effective date 6/4/76 12:01 A. M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

This Schedule for  
GROUP Comp.

**WHEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED  
ON FORM A3471-0 ARE ADDED FOR LIABILITY ONLY.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00251990

SA 2942



7/9/RM WILSON &amp; ALLEN INC 250480

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

10 C A 43349E

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL

NORTH BRUNSWICK, NJ

This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date stated herein.Effective date **6/1/76**12:01 A. M., standard time at the address of the named  
insured as stated herein.It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

## Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_
- ☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_
- ☐ 3. The COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☒ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.

☒ 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls. Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
<b>76 FORD CLUB WAGON</b>		<b>#E23HHC44073</b>		<b>ELY MINNESOTA</b>		<b>IND TRK</b>
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		
	<b>6000</b>			<b>GARHER FORD AGENCY IN ELY MINNESOTA</b>		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured  
by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy,  
as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against  
each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

* (Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
<b>X</b>			<b>Bodily Injury Liability</b>	\$ <b>500</b>	,000 each person	\$ <b>29</b>	\$ <b>17</b>	\$
			<b>Medical Payments</b>	\$	each person	\$	\$	\$
<b>X</b>			<b>Property Damage Liability</b>	\$ <b>500</b>	,000 each occurrence	\$ <b>4</b>	\$ <b>2</b>	\$
<b>X</b>			<b>Uninsured Motorists</b>	\$ <b>10</b>	,000 each person	\$ <b>3</b>	\$ <b>2</b>	\$
				\$ <b>20</b>	,000 each accident			
			<b>Comprehensive</b>	\$	ACV unless amount stated less \$ deductible	\$	\$	\$
			<b>Collision</b>	\$	ACV less \$ deductible	\$	\$	\$
			<b>Fire, Lightning or Transportation</b>	\$	ACV unless amount stated	\$	\$	\$
			<b>Theft</b>	\$	ACV unless amount stated	\$	\$	\$
			<b>Combined Additional</b>	\$	ACV unless amount stated	\$	\$	\$
			<b>Towing</b>	\$	each disablement	\$	\$	\$
<b>X</b>			<b>PIP</b>			\$ <b>3</b>	\$ <b>2</b>	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or limitations of the policy and  
than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by \_\_\_\_\_

Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251991

SA 2943



THE HARTFORD

Named Insured and Address

59E  
10 C A43349E

This endorsement forms a part of Policy No. 10 C A43349E issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time  
at the address of the named insured as stated herein.

**WORLD WIDE COVERAGE**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
CONTRACTUAL LIABILITY INSURANCE**

THE DEFINITION OF "POLICY TERRITORY" IS AMENDED BY ADDING THE FOLLOWING THERETO:

- (4) ANYWHERE IN THE WORLD, WITH RESPECT TO THE OPERATIONS OF ANY NAMED INSURED DOMICILED IN THE UNITED STATES OF AMERICA, PROVIDED THAT:
- (a) IF CLAIM IS MADE OR SUIT IS BROUGHT ELSEWHERE THAN WITHIN THE UNITED STATES OF AMERICA, ITS TERRITORIES OR POSSESSIONS OR CANADA, THE COMPANY SHALL HAVE THE RIGHT BUT NOT THE DUTY TO INVESTIGATE AND SETTLE SUCH CLAIM AND DEFEND SUCH SUIT AND,
  - (b) IN ANY CASE IN WHICH THE COMPANY ELECTS NOT TO INVESTIGATE, SETTLE OR DEFEND, THE INSURED SHALL, UNDER THE SUPERVISION OF THE COMPANY, MAKE OR CAUSE TO BE MADE SUCH INVESTIGATION AND DEFENSE AS ARE REASONABLY NECESSARY, AND SUBJECT TO PRIOR AUTHORIZATION BY THE COMPANY, WILL EFFECT TO THE EXTENT POSSIBLE SUCH SETTLEMENT AS THE COMPANY AND INSURED DEEM PRUDENT.

THE COMPANY SHALL REIMBURSE THE NAMED INSURED FOR THE REASONABLE COST OF SUCH INVESTIGATION SETTLEMENT OR DEFENSE. NOTING HEREIN SHALL OBLIGATE THE COMPANY TO PAY ANY SUCH CLAIM OR JUDGMENT OR TO DEFEND ANY SUCH SUIT AFTER THE APPLICABLE LIMIT OF THE COMPANY'S LIABILITY HAS BEEN EXHAUSTED BY PAYMENT OF JUDGMENTS OR SETTLEMENTS.  
IT IS AGREED THAT SUCH PAYMENTS AS ARE TO BE MADE UNDER THIS ENDORSEMENT SHALL BE PAID IN THE CURRENCY OF THE UNITED STATES OF AMERICA.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



THE HARTFORD

Named Insured and Address

596  
10 C A433498  
This endorsement forms a part of Policy No. 10 C A433498 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time at the address of the named insured as stated herein.

**NAMED INSURED ENDORSEMENT**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:  
**COMPREHENSIVE GENERAL LIABILITY INSURANCE**  
**CONTRACTUAL LIABILITY INSURANCE**  
**PERSONAL INJURY LIABILITY INSURANCE**  
**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**  
**AUTOMOBILE PHYSICAL DAMAGE INSURANCE**  
**PREMISES MEDICAL PAYMENTS INSURANCE**  
**EMPLOYEE BENEFIT INSURANCE**

**NAMED INSURED ENDORSEMENT**

IT IS AGREED THAT ITEM #1, NAMED INSURED SHALL READ AS FOLLOWS:

BOY SCOUTS OF AMERICA, NATIONAL ~~AND REGIONAL~~ COUNCIL

SOUTH CINCINNATI PARKING GARAGE - Phil tower Bldg

PHILMONT SCOUT RANCH, ~~CIMARRON, N.M.~~

~~PHILTOWER BUILDING, TULSA OKLA.~~

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. <sup>59E</sup> ~~10 C A43349E~~ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time  
at the address of the named insured as stated herein.

**NOTICE OF OCCURRENCE**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE  
AUTOMOBILE PHYSICAL DAMAGE INSURANCE  
CONTRACTUAL LIABILITY INSURANCE  
PERSONAL INJURY LIABILITY INSURANCE**

IT IS AGREED THAT NOTICE OF CLAIM OR SUIT TO THE INSURED, IS TO  
BE DEEMED EFFECTIVE ONLY WHEN GIVEN TO AN EXECUTIVE OFFICER OR  
THE INSURANCE MANAGER AT B.S.A. NATIONAL HEADQUARTERS, NORTH  
BRUNSWICK, N. J.

*attest*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

*attest*

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



7/9/RM WILSON &amp; ALLEN INC 250480

Change, Elimination or Addition of Automobile  
Change of Coverage — Amendment of Declarations

THE HARTFORD

Named Insured and Address

TO C A43349E

BOY SCOUTS OF AMERICA NATIONAL COUNCIL

NORTH BRUNSWICK, NJ

This endorsement forms a part of Policy No. \_\_\_\_\_  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date stated herein.

6/1/76

Effective date..... 12:01 A. M., standard time at the address of the named  
insured as stated herein.It is agreed that the policy is amended, with respect only to such of the following Items as are indicated by ☒:

## Item

- ☐ 1. The named insured's NAME is amended to read \_\_\_\_\_
- ☐ 2. The named insured's ADDRESS is amended to read \_\_\_\_\_
- ☐ 3. CHANGE OF COVERAGE — The insurance afforded is amended as indicated by entry in the SCHEDULE of this endorsement.
- ☐ 4. The CLASSIFICATION for the Automobile designated herein is amended to read as follows: \_\_\_\_\_
- ☐ 5. Automobiles DELETED — The insurance with respect to the Automobile designated herein is terminated.

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	Rating Classification

☒ 6. Automobile(s) ADDED —

\*Purposes of Use (P and B = Pleasure and Business; C = Commercial)

Year Model Trade Name	Body Type - Truck Size (Truck Load, Gallonage Bus Seating Capacity)	Identification No.	No. of Cyls Model	Principally Garaged In (Town, State)	*Purpose of Use	Rating Classification
76 FORD CLUB WAGON		#E23HNC40438		ELY, MINNESOTA		
List Price	Actual Cost	Purchased Mo./Yr. New-Used	Sym- bol	LOSS PAYEE: Any loss under the Physical Damage Coverages (excluding Towing) is payable as interest may appear to the named insured and:		
	6000			GARHER FORD AGENCY IN ELY MINNESOTA		

If more than one automobile is insured by the policy and the amendments effected by this endorsement are not to apply to all automobiles insured  
by the policy such amendments apply only with respect to the following automobile(s):

## SCHEDULE

The insurance afforded for the added automobile is only with respect to such and so many of the following coverages, each as defined in the policy,  
as are indicated by an additional or return premium or the words "no charge" in the Premiums column. The limit of the company's liability against  
each such coverage shall be as stated herein, subject to all of the terms of the policy having reference thereto.

* (Insert X in applicable column)				ACV means Actual Cash Value		PREMIUMS		
* Include	* Delete	* Amend Limits	COVERAGES	LIMITS OF LIABILITY		ANNUAL	ADDITIONAL	RETURN
X			Bodily Injury Liability	\$ 500	,000 each person	\$ 29	\$ 17	\$
			Medical Payments	\$ 500	,000 each occurrence		\$	\$
X			Property Damage Liability	\$ 5000	,000 each person	\$ 4	\$ 2	\$
X			Uninsured Motorists	\$ 10	,000 each occurrence	\$ 3	\$ 2	\$
				\$ 20	,000 each accident			
			Comprehensive	\$	ACV unless amount stated		\$	\$
			Collision	\$	less \$ deductible		\$	\$
			Fire, Lightning or Transportation	\$	ACV less \$ deductible		\$	\$
			Theft	\$	ACV unless amount stated		\$	\$
			Combined Additional	\$	ACV unless amount stated		\$	\$
			Towing	\$	each disablement		\$	\$
X			PIP			\$ 3	\$ 2	\$
				TOTALS		\$ 39	\$ 23	\$

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other  
than as herein stated. This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by.....

Authorized Agent

A-3459-0 Printed in U.S.A.

Subject to Protective Order — Highly Confidential

BSA-PLAN\_00251995

SA 2947



RP 115.00



WILSON &amp; LEN INC 250480

THE HARTFORD

10 C A43349E

Named Insured and Address

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL

NORTH BRUNSWICK, NJ

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

6/1/76

Effective date ..... 12:01 A. M., standard time  
at the a ..... of the named insured as stated herein.

ment modifies such insurance as is afforded by the provisions of the policy relating to the following:

**AUTOMOBILE PHYSICAL DAMAGE**

IT IS HEREBY UNDERSTOOD AND AGREED THAT THE FOLLOWING VEHICLES DESCRIBED  
BELOW COMPREHENSIVE COVERAGE IS ELIMINATED:

VEHICLE#	TYPE	SERIAL #	P/R.586
24	72 CHEV CARRYALL	CCE262F174138	24.00
25	72 CHEV CARRYALL	CCE262F162143	24.00
26	73 CHEV CARRYALL	CC2263F171514	24.00
27	73 CHEV CARRYALL	CC2263F171671	24.00
28	71 CHEV CARRYALL	65261FC50350	19.00
			115.00

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

AP 460.00



7/9/RM WILSON & ALLEN INC 250480

THE HARTFORD

Named Insured and Address

10 C A43349E

This endorsement forms a part of Policy No. ....  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

BOY SCOUTS OF AMERICA  
NATIONAL COUNCIL

NORTH BRUNSWICK, NJ

6/1/76

Effective date ..... 12:01 A. M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY**

IS HEREBY UNDERSTOOD AND AGREED THE FOLLOWING VEHICLES DESCRIBED

This schedule is  
part of the

SA 1111 A3471-0 ARE ADDED FOR LIABILITY ONLY.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:

SA 2950



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E**  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date .....12:01 A. M. standard time  
at the address of the named insured as stated herein. **ADDITIONAL INSURED**  
**(GOLDEN GATE SCOUTING)**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE, IT IS  
AGREED THAT THE POLICY IS EXTENDED TO INCLUDE THE INTEREST OF  
GOLDEN GATE SCOUTING AS AN ADDITIONAL INSURED.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

**THE HARTFORD**

## PREMIUM / COMMISSION NOTIFICATION LETTER

**06-22-76**

(Date)

TO: **WILSON AND ALLEN INC**  
(Producer)**25 0480**

(Code)

☐ Commission Breakdown for Premium Discount☒ Negotiated Commission / Premium Letter☐ Standard Average Commission

Gentlemen:

Insured: **BOY SCOUTS OF AMERICA NATIONAL**  
**COUNCIL**Policy No.: **10 CA 43349E**Policy Period: **1-1-76 TO 1-1-77**

The premiums and commissions to be applied for the above policy are:

Line of Business	Premium	Commission Rate
<b>CGL</b>	<b>\$ A/P 1379.00</b>	<b>10.0 %</b>
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%

Special Premium Instructions:

**†CBP AND CPP: PROCESS AT STANDARD AVERAGE COMM.** (1) Original entry (2) Automobile renewed annually. **PROCESS ADDITIONAL OR RETURN PREMIUM AT A FIXED 15% COMM.** (1) Endorsement changes (2) In term cancellations (3) Audit adjustments **EXCEPT** when the original 3 year prepaid premium is less than \$2,000 or when the policy contains a line of insurance for which the normal line is less than 15%. **PROCESS AT THE COMM. RATE USED TO BOOK EACH INDIVIDUAL ENTRY.** (1) Anniversary and/or flat cancellations.

All commission rates marked with an asterisk (\*) are **final rates**. Those not marked with an asterisk are **tentative rates** subject to adjustment at final audit.



(b) The limit of liability, if any, stated in the Schedule of this endorsement as "aggregate — **Division 1**" is, subject to provision (a) hereof respecting "each occurrence", the total liability of the company under all Coverage Parts designated in the Schedule with respect to such stated limit of liability for all damages because of all *bodily injury* and *property damage* which is included in any of the numbered subparagraphs below and, in subparagraph (3), with respect either to the *bodily injury* or *property damage*, or to the *bodily injury* and *property damage* (within one or both the hazards identified therein) for which insurance is actually afforded under at least one such Coverage Part:

- (1) all *property damage* arising out of premises or operations rated on a remuneration basis or contractor's equipment rated on a receipts basis, including *property damage* for which liability is assumed under any *incidental contract* relating to such premises or operations, but excluding *property damage* included in subparagraph (2) below;
- (2) all *property damage* arising out of and occurring in the course of operations performed for the *named insured* by independent contractors and general supervision thereof by the *named insured*, including any such *property damage* for which liability is assumed under any *incidental contract* relating to such operations, but this subparagraph (2) does not include *property damage* arising out of maintenance or repairs at premises owned by or rented to the *named insured* or structural alterations at such premises which do not involve changing the size of or moving buildings or other structures;
- (3) all *bodily injury* and *property damage* included within the *completed operations hazard* and all *bodily injury* and *property damage* included within the *products hazard*;
- (4) all *property damage* for which liability is assumed under any contract, other than an *incidental contract*, to which the Contractual Liability Insurance, if afforded, applies.

Such "aggregate — **Division 1**" limit shall apply separately:

- (i) to the *property damage* included in subparagraphs (1) and (2) and separately with respect to each project away from premises owned by or rented to the *named insured*;
- (ii) to the sum of the damages for all *bodily injury* and *property damage* included in subparagraph (3) and for which insurance, if any, is afforded as stated in paragraph (b) above;
- (iii) to the *property damage* included in subparagraph (4) and separately with respect to each project away from premises owned by or rented to the *named insured*.

(c) The limit of liability, if any, stated in the Schedule of this endorsement as "aggregate — **Division 2**" is, subject to provision (a) hereof respecting "each occurrence", the total liability of the company under all Coverage Parts designated in the Schedule with respect to such stated limit of liability for all damages because of all *bodily injury* and *property damage*.

(d) For the purpose of determining the limit of the company's liability, all *bodily injury* and *property damage* arising out of continuous or repeated exposure to substantially the same general conditions shall be considered as arising out of one occurrence.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....  
Authorized Agent

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**  
**AUTOMOBILE PHYSICAL DAMAGE INSURANCE**

IT IS UNDERSTOOD AND AGREED THAT THE POLICY IS EXTENDED TO COVER EMPLOYEES OF THE INSURED AS ADDITIONAL INSUREDS WITH RESPECT TO VEHICLES HIRED IN THEIR OWN NAME FOR USE OF BOY SCOUTS OF AMERICA BUSINESS, PROVIDED THEY ARE ACTING AT THE DIRECTION OF BOY SCOUTS OF AMERICA.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the *named insured* as  
stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**GARAGEKEEPERS' LEGAL LIABILITY**

IT IS HEREBY UNDERSTOOD AND AGREED 1966 TENNANT 86 POWER SWEEPER #90692  
IS ADDED TO CAPTIONED POLICY SEE A3013-0.

**PREMIUM INCLUDED.**

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other  
than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes  
effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy  
by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E**  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date .....12:01 A. M., standard time  
at the address of the named insured as stated herein.

**CAR POOLING**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

IT IS ~~HEREBY~~ UNDERSTOOD AND AGREED THAT THIS POLICY IS TO PROVIDE COVERAGE  
FOR ALL INDIVIDUALS PARTICIPATING IN CAR POOLING AT THE DIRECTION OF B.S.A.  
IT IS FURTHER UNDERSTOOD THAT SUCH COVERAGE IS TO BE EXCESS OVER THE  
MINIMUM STATUTORY REQUIREMENTS OF THE VARIOUS STATES; AND THEN EXCESS OVER  
ANY OTHER VALID AND COLLECTIBLE INSURANCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

**Personal Injury  
Protection Endorsement  
(Minnesota)**



**THE HARTFORD**

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **12:01 A. M.**, standard time at the address of the named insured as stated herein.

**SCHEDULE OF BENEFITS**

The Company will pay up to the limit indicated for each of the benefits shown.

					AUTO No.	PREMIUM
<b>A. MEDICAL EXPENSES</b> \$20,000. per person less \$ deductible	<b>B. WORK LOSS</b> \$200. per week less \$ deductible	<b>C. ESSENTIAL SERVICES EXPENSES</b> \$15. per day	<b>D. FUNERAL EXPENSES</b> \$1,250. per person	<b>E. SURVIVORS' LOSS</b> \$200. per week	<b>25</b>	\$ <del>300.00</del> \$ <b>INCL</b>
AGGREGATE LIMIT FOR BENEFITS B, C, D and E — \$10,000.						
<b>TOTAL PREMIUM \$</b>						<b>200 INCL</b>

The Company agrees with the named Insured, subject to all of the provisions of this endorsement and to all of the provisions of the policy except as modified herein, as follows:

**SECTION I**

**PERSONAL INJURY PROTECTION COVERAGE**

The Company will pay, in accordance with the Minnesota no-fault automobile insurance act, personal injury protection benefits for

- (a) medical expenses,
- (b) work loss,
- (c) essential services expenses,
- (d) funeral expenses and
- (e) survivors' loss

incurred with respect to **bodily injury** sustained by an **eligible injured person** caused by an accident arising out of the maintenance or use of a **motor vehicle** as a vehicle.

**Exclusions**

This coverage does not apply:

- (a) to **bodily injury** sustained by the **named insured** or any **relative** arising out of the maintenance or use of any **motor vehicle** owned by the **named insured** which is not an **insured motor vehicle**;
- (b) to **bodily injury** sustained by any **relative** arising out of the maintenance or use of any **motor vehicle** owned by such **relative** with respect to which the security required by the Minnesota no-fault automobile insurance act is not in effect;
- (c) to **bodily injury** sustained by any **relative** if such **relative** is entitled to personal injury protection coverage as a self-insured or as a **named insured** under the terms of any other policy with respect to such coverage;
- (d) to **bodily injury** sustained by any person, other than the **named insured** or a **relative**, if such person is entitled to personal injury protection coverage as a self-insured or as a **named insured** or **relative** under the terms of any other policy with respect to such coverage;
- (e) to **bodily injury** sustained by any person arising out of the maintenance or use of a **motor vehicle**, other than the **insured motor vehicle**,
  - (a) being used in the business of transporting persons or property, or
  - (b) furnished by the employer of the **named insured** or **relative**,
 if with respect to such vehicle the security required by the Minnesota no-fault automobile insurance act is in effect, provided that such **bodily injury** is sustained while not occupying another involved **motor vehicle**;
- (f) to any benefits any person would otherwise be entitled to receive hereunder for **bodily injury** intentionally caused by such person or arising out of his intentionally attempting to cause **bodily injury**, and, if any person dies as a result of intentionally causing or attempting to cause **bodily injury** to himself, his survivors are not entitled to any **survivors' loss** benefits;
- (g) to **bodily injury** sustained by any person in the course of an officiated racing or speed contest, or in practice or preparation therefor;
- (h) to **bodily injury** sustained by any person if such injury arises out of conduct within the course of a business of repairing, servicing, or otherwise maintaining **motor vehicles** unless such conduct occurs off the business premises;
- (i) to **bodily injury** sustained by any person if such injury arises out of conduct in the course of loading or unloading any **motor vehicle**, unless the conduct occurs while such person is occupying such **motor vehicle**;
- (j) to **bodily injury** sustained by any person while occupying a motorcycle;
- (k) to personal injury protection benefits otherwise payable in the event that a lapse of one year or more occurs in the period of disability and medical treatment of an **eligible injured person** as a result of any one accident;
- (l) to **bodily injury** sustained by any person, other than the **named insured** or any **relative**, arising out of the maintenance or use by such person of a **motor vehicle** without a good faith belief that he is legally entitled to use such **motor vehicle**;
- (m) to **bodily injury** sustained by any person, other than the **named insured** or any **relative**, while a pedestrian through

being struck by the **insured motor vehicle**, if the accident occurs outside the State of Minnesota;

- (n) to **bodily injury** sustained by any person arising out of the maintenance or use of a **motor vehicle** while located for use as a residence or premises;
- (o) to **bodily injury** due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing;
- (p) to **bodily injury** resulting from the radioactive, toxic, explosive or other hazardous properties of nuclear material;
- (q) with respect to **work loss**, **essential services expenses**, and **survivors' loss**, to **bodily injury** sustained by any person, other than the **named insured** or **relative**, while occupying any **motor vehicle**, not owned by the **named insured** or **relative**, which is being operated by the **named insured** or **relative**;
- (r) to **bodily injury** sustained by any person, other than the **named insured** or any **relative**, while occupying a vehicle which is regularly used in the course of the business of transporting persons or property and which is one of five or more vehicles under common ownership or a vehicle owned by a government other than the State of Minnesota, its political subdivisions, municipal corporations, or public agencies, if the accident occurs outside the State of Minnesota.

**Definitions**

When used in reference to this coverage:

"**bodily injury**" means bodily injury, sickness or disease including death at any time resulting therefrom;

"**eligible injured person**" means

- (a) the **named insured** or any **relative** who sustains **bodily injury** while occupying, or while a pedestrian through being struck by, any **motor vehicle** or motorcycle;
- (b) any other person who sustains **bodily injury** while occupying, or while a pedestrian through being struck by, the **insured motor vehicle**;
- (c) any other person who sustains **bodily injury** while occupying a **motor vehicle** not owned by, but operated by the **named insured** or **relative**, other than a public or livery conveyance, if the **bodily injury** results from the operation of the **motor vehicle** by the **named insured** or **relative**;

"**essential services expenses**" means expenses reasonably incurred during a period commencing 8 days after the date of the accident and during the **eligible injured person's** lifetime, in obtaining usual and necessary substitute services in lieu of those that, had he not been injured, he would have performed not for income but for the direct benefit of himself or his household; if the non-fatally injured **eligible injured person** normally, as a full time responsibility, provides care and maintenance of a home, with or without children, the benefit is the reasonable value of such care and maintenance, if greater than the expense incurred;

"**funeral expenses**" means reasonable expenses for professional funeral and burial services including expenses for cremation, or delivery under the Minnesota Uniform Anatomical Gift Act;

"**insured motor vehicle**" means a **motor vehicle** with respect to which

- (a) the **bodily injury** liability insurance of the policy applies and for which a specific premium is charged, and
- (b) the **named insured** is required to maintain security under the provisions of the Minnesota no-fault automobile insurance act;

"**medical expenses**" means all reasonable expenses incurred for necessary medical, surgical, x-ray, optical, dental, chiropractic and rehabilitative services, including prosthetic devices, prescription drugs, necessary ambulance, hospital, extended care and nursing services, including necessary remedial treatment and services recognized and permitted under the laws of Minnesota for an **eligible injured person** who relies upon spiritual means through prayer alone for healing in accordance with his religious belief;

"**motor vehicle**" means every vehicle including a trailer, other than a motorcycle or other vehicle with fewer than four wheels, which is required to be registered pursuant to Minnesota Statutes, Chapter 168, or is. At this time, the company

does not certify that these documents constitute a complete and accurate copy of the policy.



(b) is designed to be self-propelled by an engine or motor for use primarily upon public roads, highways or streets in the transportation of persons or property;

"**named insured**" means the person or organization named in the declarations;

"**occupying**" means in or upon, entering into or alighting from;

"**relative**" means the spouse and any person related to the **named insured** by blood, marriage or adoption including a minor in the custody of the **named insured**, spouse or such related person who is a resident of the same household as the **named insured**, whether or not temporarily residing elsewhere;

"**survivors' loss**" means

(a) loss, in the event of the death of an **eligible injured person** occurring within one year from the date of the accident, of contributions of money or tangible things of economic value, not including services, that his surviving dependents would have received from him for their support during their dependency had he not suffered the fatal **bodily injury**, and

(b) expenses reasonably incurred by surviving dependents after the death of an **eligible injured person** in obtaining ordinary and necessary substitute services in lieu of those he would have performed for their benefit had he not suffered the fatal **bodily injury**; minus expenses of the surviving dependents avoided by reason of such death.

provided that the dependency of the surviving spouse shall be terminated in the event such surviving spouse remarries or dies, and the dependency of a child who is not physically or mentally incapacitated from earning shall be terminated in the event he attains majority, marries or becomes otherwise emancipated, or dies;

"**work loss**" means 85% of loss of gross income resulting from the **eligible injured person's** inability to work, reduced by any income from substitute work actually performed by the **eligible injured person**, or by any income he would have earned in available appropriate substitute work which he was capable of performing but unreasonably failed to undertake.

#### Policy Period; Territory

This coverage applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions, or Canada.

#### Limits of Liability

Regardless of the number of persons insured, policies or plans of self-insurance applicable, claims made or insured motor vehicles to which this coverage applies, the Company's liability for personal injury protection benefits with respect to **bodily injury** sustained by any one **eligible injured person** in any one motor vehicle accident shall not exceed \$30,000 in the aggregate and subject to such aggregate:

(a) the maximum amount payable for **medical expenses** shall not exceed \$20,000;

(b) the maximum aggregate amount payable for **work loss, essential services expenses, funeral expenses and survivors' loss** shall not exceed \$10,000 provided that:

1. the maximum amount payable for **work loss** shall not exceed \$200 per week;

2. the maximum amount payable for **essential services expenses** shall not exceed \$15 per day;

3. the maximum amount payable for **funeral expenses** shall not exceed \$1,250; and

4. the maximum amount payable for **survivors' loss**

(i) with respect to paragraph (a) of the definition of **survivors' loss** shall not exceed \$200 per week; and

(ii) with respect to paragraph (b) of the definition of **survivors' loss** shall not exceed \$200 per week.

Any amount payable by the Company under the terms of this coverage shall be reduced by:

(a) any amounts paid, payable or required to be provided on account of such **bodily injury** under any workmen's compensation law;

(b) the amount of any deductible applicable to **medical expenses** set forth in the Schedule, but only with respect to **bodily injury** sustained by the **named insured** or by a **relative**, provided that, if two or more such persons sustain **bodily injury** in the same motor vehicle accident, the total amount of the deductible applicable to all of them shall not exceed the deductible amount stated in the Schedule and such amount shall be allocated equally among them;

(c) the amount of any deductible applicable to **work loss** set forth in the Schedule but only with respect to **bodily injury** sustained by the **named insured** or any **relative**.

#### SECTION II

In consideration of the coverage afforded under Section I and the adjustment of applicable rates:

(a) any amount payable under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle insurance policy because of **bodily injury** sustained by an **eligible injured person**;

#### Conditions

A. **Action Against Company.** No action shall lie against the Company unless as a condition precedent thereto, there shall have been full compliance with all the terms of this coverage.

B. **Notice.** In the event of an accident, written notice containing particulars sufficient to identify the **eligible injured person**, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each **eligible injured person** to the Company or any of its authorized agents within 6 months from the date of the accident. If an **eligible injured person**, his legal representative or his surviving dependents shall institute legal action to recover damages for **bodily injury** against a person or organization who is or may be liable in tort therefor, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such **eligible injured person**, his legal representative or his surviving dependents.

C. **Medical Reports; Proof of Claim; Rehabilitation Notice.** As soon as practicable, the **eligible injured person** or someone on his behalf shall give to the Company written proof of claim, under oath if required, including full particulars of the nature and extent of the **bodily injury**, treatment and rehabilitation received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The **eligible injured person** shall submit to physical and mental examination by physicians selected by the Company when and as often as the Company may reasonably require. An **eligible injured person** who has undertaken a procedure or treatment for rehabilitation or a course of rehabilitative occupational training, other than medical rehabilitation procedure or treatment, shall notify the Company that he has undertaken the procedure, treatment, or training within 60 days after a rehabilitation expense exceeding \$1,000 has been incurred for the procedure, treatment, or training, unless the Company knows or has reason to know of the undertaking. If the **eligible injured person** does not give the required notice within the prescribed time, the Company is responsible only for \$1,000 or the expense incurred after the notice is given and within the 60 days before the notice, whichever is greater, unless failure to give timely notice is the result of excusable neglect.

D. **Subrogation.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment under this coverage, the Company is subrogated to the rights of the person to whom or for whose benefit such payments were made, to the extent of such payments, and such person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. Such person shall do nothing after loss to prejudice such rights.

E. **Reimbursement and Trust Agreement.** Subject to any applicable limitations set forth in the Minnesota no-fault accident insurance act, in the event of any payment to any person under this coverage:

1. the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the **bodily injury** because of which such payment is made; and the Company shall have a lien to the extent of such payment, notice of which may be given to the person or organization causing such **bodily injury**, his agent, his insurer or a court having jurisdiction in the matter;

2. such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such **bodily injury**;

3. such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights; and

4. such person shall execute and deliver to the Company instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

F. **Non-Duplication of Benefits; Other Insurance.** No **eligible injured person** shall recover duplicate benefits for the same elements of loss under this or any similar insurance including self-insurance. In the event the **eligible injured person** has other similar insurance including self-insurance available and applicable to the accident, the maximum recovery under all such insurance shall not exceed the amount which would have been payable under the provisions of the insurance providing the highest dollar limit, and the Company shall not be liable for a greater proportion of any loss to which this coverage applies than the limit of liability hereunder bears to the sum of the applicable limits of liability of this coverage and such other insurance.

#### SECTION III

##### CONSTITUTIONALITY CLAUSE.

The premium for and the coverages of the policy have been established in reliance upon the provisions of the Minnesota no-fault automobile insurance act. In the event a court of competent jurisdiction declares, or enters a judgment the effect of which is to render,

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company countersigned to certify that these documents constitute a complete and accurate copy of the policy.

**Limit of Liability**

Any amount payable by the Company as personal injury protection benefits with respect to **bodily injury** shall be reduced by all amounts paid, payable or required to be provided under any workmen's compensation or employees' temporary disability law, or under Medicare provided under federal law.

The applicable limit on **income continuation benefits** applies separately to each full regular and customary work week of an **eligible injured person**. If his disability from work or employment consists of or includes only a part of such a week, the Company shall be liable for only that proportion of such weekly limit that the number of days lost from work or employment during the part week bears to the number of days in his full work week.

**Policy Period; Territory**

This insurance applies only to accidents which occur during the policy period and within the United States of America, its territories or possessions or Canada.

**Conditions**

1. **Notice.** In the event of an accident, written notice containing particulars sufficient to identify the **eligible injured person**, and also reasonably obtainable information respecting the time, place and circumstances of the accident shall be given by or on behalf of each **eligible injured person** to the Company or any of its authorized agents as soon as practicable. If any **eligible injured person**, his legal representative or survivors shall institute legal action to recover damages for injury against a person or organization who is or may be liable in tort therefor, a copy of the summons and complaint or other process served in connection with such legal action shall be forwarded as soon as practicable to the Company by such **eligible injured person**, his legal representative or his survivors.

2. **Medical Reports; Proof of Claim.** As soon as practicable the **eligible injured person** or someone on his behalf shall give to the Company written proof of claim, including full particulars of the nature and extent of the injuries and treatment received and contemplated, and such other information as may assist the Company in determining the amount due and payable. The **eligible injured person** shall submit to physical examination by physicians when and as often as the Company may reasonably require and a copy of the medical report will be forwarded to such **eligible injured person** if requested.

3. **Multiple Policies Applicable to One Accident; Non-duplication of Benefits; Priority of Complying Policies.** Regardless of the number of automobiles insured for basic personal injury protection coverage pursuant to Section 4 of the New Jersey Automobile Reparation Reform Act, or the number of insurers or policies affording such coverage, there shall be no duplication of payment of basic personal injury protection benefits and the aggregate maximum amount payable under this and all applicable policies with respect to **bodily injury** to any one person as the result of any one accident shall not exceed the applicable amounts or limits specified in Section 4 of said Act.

This insurance applies on a primary basis to **bodily injury** to the **named insured** and his **relative** and on a secondary basis to all other **eligible injured persons**. Similarly, the basic personal injury protection coverage provided by other complying policies applies on a primary basis to **bodily injury** to those persons who are **named insureds** under such policies and their relatives. If an **eligible injured person** to whom this insurance applies on a secondary basis has other basic personal injury protection coverage under another complying policy applicable to his **bodily injury** on a primary basis, all claims for basic personal injury protection benefits shall first be made against the insurer issuing the other complying policy. No basic personal injury protection benefits shall be due and payable under this insurance unless the other insurer fails to pay such benefits by reason of insolvency and the Company has been given written notice by the claimant of such failure. "Complying Policy" means a policy of automobile liability insurance maintained pursuant to the requirements of Section 3 of the New Jersey Automobile Reparation Reform Act and providing basic personal injury protection coverage as approved by the Commissioner of Insurance.

4. **Reimbursement and Trust Agreement.** Subject to any applicable limitations set forth in the New Jersey Automobile Reparation Reform Act, in the event of any payment to any person under this endorsement:

- the Company shall be entitled to the extent of such payment to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of such person against any person or organization legally responsible for the **bodily injury** because of which such payment is made; and the Company shall have a lien to the extent of such payment notice of which may be given to the person or organization causing such **bodily injury**, his agent, his insurer or a court having jurisdiction in the matter;
- such person shall hold in trust for the benefit of the Company all rights of recovery which he shall have against such other person or organization because of such **bodily injury**;
- such person shall do whatever is proper to secure and shall do nothing after loss to prejudice such rights;
- such person shall execute and deliver to the Company such instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy; other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Form A-2991-2 TERM

5. **Payment of Personal Injury Protection Benefits. Medical expense benefits and essential services benefits** may be paid at the option of the Company to the **eligible injured person** or the person or organization furnishing the products or services for which such benefits are due. In the event of the death of an **eligible injured person**, any amounts payable, but unpaid prior to death, for **medical expense benefits** are payable to the **eligible injured person's** estate.

Benefits payable under subdivision (1) of the definition of **survivor benefits** are payable to the **eligible injured person's** surviving spouse, or if there is no surviving spouse, to his surviving children, or if there are no surviving spouse or surviving children, to the **eligible injured person's** estate.

Benefits payable under subdivision (2) of the definition of **survivor benefits** are payable to the person who has incurred the expense of providing essential services.

**Funeral expense benefits** are payable to the **eligible injured person's** estate.

**SECTION II****Extended Medical Expense Benefits**

The Company will pay **medical expense benefits** not to exceed the total amount of \$10,000 and **funeral expense benefits** with respect to **bodily injury** sustained by an **insured person**, caused by an accident occurring during the policy period within the United States of America, its territories or possessions or Canada and arising out of the ownership, maintenance or use, including loading or unloading, of an **insured automobile** or of a **highway vehicle** not owned by or furnished or available for the regular use of the **named insured** or any **relative** of the **named insured**.

**Exclusions**

The insurance under Section II is subject to all of the exclusions applicable to Section I, except that the word "person" in exclusion (c) is replaced by the word "pedestrian".

**Definitions**

The definitions under Section I apply to Section II and under Section II: "highway vehicle" means a land motor vehicle or trailer other than (1) a farm type tractor or other equipment designed for use principally off public roads, while not upon public roads; (2) a vehicle operated on rails or crawler-treads or (3) a vehicle while located for use as a residence or premises;

"insured person" means

- the **named insured** or any **relative** of the **named insured**, if the **named insured** or **relative** sustains **bodily injury**
  - while occupying, using, entering into or alighting from a **highway vehicle**; or
  - while a **pedestrian**, caused by a **highway vehicle**;
- any other person who sustains **bodily injury** while occupying a **highway vehicle** (other than a motorcycle or a vehicle while being used as a public or livery conveyance) if such **highway vehicle** is being operated by the **named insured** or a **relative** of the **named insured** or any other person using such **highway vehicle** with the permission of the **named insured**;
- any other person who sustains **bodily injury** while occupying an **insured automobile** if such **insured automobile** is being operated by the **named insured** or a **relative** of the **named insured** or any other person using such **insured automobile** with the permission of the **named insured**.

**Conditions**

Conditions 1, 2 and 4 of Section I apply to Section II, substituting the term "insured person" for "eligible injured person" wherever it appears therein. The following additional condition applies under Section II:

**Other Insurance or Benefits.** This insurance does not apply to loss or expense with respect to which an **insured person** is entitled to benefits under any workmen's compensation law or Medicare provided under federal law or under Section 4 of the New Jersey Automobile Reparation Reform Act.

This insurance does not apply to loss or expense to the extent that benefits are payable or are required to be provided therefor under any other automobile no-fault law or under any other automobile medical payments insurance.

**SECTION III**

In consideration of the insurance afforded under Sections I and II of this endorsement, and the adjustment of applicable rates:

- any amount payable for economic loss under the Protection Against Uninsured Motorists Coverage shall be reduced by the amount of any personal injury protection benefits paid or payable under this or any other automobile insurance policy because of **bodily injury** to an **eligible injured person**;
- any Automobile Medical Payments or Medical Expense Coverage afforded under the policy is deleted with respect to an automobile which is an **insured automobile**.

**SECTION IV****Premium Recomputation**

The premium for the policy is based on rates which have been reduced in accordance with Section 18 of the New Jersey Automobile Reparation Reform Act to reflect the limitations on the right to recover damages imposed by Section 8 of said Act. If a court of competent jurisdiction declares, or enters a judgment the effect of which is to render, Section 8 of the Act invalid or unenforceable in whole or in part, the Company shall have the right to recompute the premium payable for the policy on the basis of revised rates which are subject to approval by the Commissioner of Insurance.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



**New Jersey Basic  
Personal Injury Protection**



**THE HARTFORD**

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A433495** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: **12:01 A. M.**, standard time at the address of the named insured as stated herein.

**SCHEDULE**

COVERAGE	Auto No.	PREMIUMS
	<b>10</b>	<b>\$ 6.00</b>
<b>BASIC PERSONAL INJURY PROTECTION</b>		\$
		\$
		\$
		\$
<b>TOTAL PREMIUM \$</b>		<b>6.00 INCL</b>

This endorsement provides coverage as required under the New Jersey Automobile Reparation Reform Act, commonly referred to as the "New Jersey No-Fault Law".

All terms printed in **bold face**, other than section headings or titles, are defined terms. For a complete understanding of provisions containing these terms refer to the section entitled "**Definitions**".

The Company agrees with the **named insured**, subject to all of the provisions in this endorsement and to all of the provisions of the policy except as modified herein, as follows:

**SECTION I**

**Basic Personal Injury Protection**

The Company will pay basic personal injury protection benefits consisting of

- medical expense benefits,**
- income continuation benefits,**
- essential services benefits,**
- survivor benefits, and**
- funeral expense benefits**

with respect to **bodily injury** sustained by an **eligible injured person**, caused by accident and arising out of the ownership, maintenance or use, including loading or unloading, of a **private passenger automobile** as an automobile.

**Exclusions**

The insurance under this endorsement does not apply:

- to **bodily injury** to a person whose conduct contributed to the injury in any of the following ways:
  - while committing a high misdemeanor or felony or seeking to avoid lawful apprehension or arrest by a police officer, or
  - while acting with specific intent to cause injury or damage to himself or others;
- to **bodily injury** to the **named insured** or any **relative** of the **named insured** sustained while occupying, using or entering into or alighting from a **private passenger automobile** which is not an **insured automobile** under this policy, if he is required to maintain automobile liability insurance coverage with respect to the automobile under the New Jersey Automobile Reparation Reform Act;
- to **bodily injury** to any person, other than the **named insured** or a **relative** of the **named insured** or a resident of New Jersey, if the accident occurs outside of New Jersey;
- to **bodily injury** arising out of the ownership, maintenance, or use, including loading or unloading, of any vehicle while located for use as a residence or premises other than for transitory recreational purposes;
- to **bodily injury** due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing;
- to **bodily injury** resulting from the radioactive, toxic, explosive or other hazardous properties of nuclear material.

**Definitions**

When used in reference to this insurance:

"**bodily injury**" means bodily injury, sickness or disease, including death at any time resulting therefrom;

"**eligible injured person**" means

- the **named insured** or any **relative** of the **named insured**, if the **named insured** or **relative** sustains **bodily injury**
  - while occupying, using, entering into or alighting from a **private passenger automobile**, or
  - while a **pedestrian**, caused by a **private passenger automobile** or as a result of being struck by an object propelled by or from such an automobile; or
- any other person who sustains **bodily injury**
  - while, with the permission of the **named insured**, occupying, using, entering into or alighting from the **insured automobile**, or
  - while a **pedestrian**, caused by the **insured automobile** or as a result of being struck by an object propelled by or from the **insured automobile**;

"**essential services benefits**" means an amount not exceeding a limit of \$12.00 per day and a total limit of \$4,380 payable to an **eligible**

**injured person** as reimbursement for payments made to others, for substitute essential services of the type actually rendered during his lifetime and which he would ordinarily have performed not for **income** but for the care and maintenance of himself and his **relatives**;

"**funeral expense benefits**" means an amount not exceeding \$1,000 for reasonable funeral, burial and cremation expenses incurred;

"**income**" means salary, wages, tips, commissions, fees and other earnings derived from work or employment;

"**income continuation benefits**" means an amount not exceeding a limit of \$100 per week and a total limit of \$5,200 payable for the loss of **income** of an **income producer** during his lifetime, as a result of **bodily injury** disability;

"**income producer**" means a person who, at the time of the accident, was in an occupational status, earning or producing **income**;

"**insured automobile**" means an automobile with respect to which the **named insured** is required to maintain automobile liability insurance coverage under the New Jersey Automobile Reparation Reform Act, to which the bodily injury liability insurance of the policy applies and for which a specific premium is charged;

"**medical expense benefits**" means all reasonable expenses incurred for medical, surgical and dental treatment; professional nursing, hospital and rehabilitation services, x-ray and other diagnostic services, prosthetic devices, ambulance services, medication and other reasonable and necessary expenses incurred for treatment prescribed by persons licensed to practice medicine, surgery, psychology or chiropractic, or for any nonmedical remedial treatment rendered in accordance with a recognized religious method of healing;

"**named insured**" means the person or organization named as the insured in the declarations. If the **insured automobile** is owned by a farm family co-partnership or corporation, the term "**named insured**" also includes the head of the household of each family designated in the policy as having a working interest in the farm;

"**pedestrian**" means any person who is not occupying a vehicle propelled by other than muscular power and designed primarily for use on highways, rails and tracks and includes any person who is entering into or alighting from such a vehicle;

"**private passenger automobile**" means a self-propelled vehicle designed for use principally on public roads and which is one of the following types:

- a private passenger or station wagon type automobile,
- a pick-up or panel truck or delivery sedan, or
- a utility automobile designed for personal use as a camper or motor home or for family recreational purposes; but a **private passenger automobile** does not include a motorcycle, an automobile used as a public or livery conveyance for passengers, a pick-up or panel truck, delivery sedan or utility automobile customarily used for business, occupational or professional purposes other than farming or ranching or a utility automobile customarily used for the transportation of passengers other than members of the user's family or their guests;

"**relative**" means a person related to the **named insured** by blood, marriage or adoption (including a ward or foster child) who is a resident of the same household as the **named insured**;

"**survivor benefits**" means the amount or amounts payable in the event of the death of an **eligible injured person** as determined in subdivision (1) or (2) hereof, as appropriate:

- if the **eligible injured person** was an **income producer** at the time of the accident, an amount equal to the difference between \$5,200 and all basic **income continuation benefits** paid for any loss of **income** resulting from his injury prior to his death;
- if the **eligible injured person** ordinarily performed essential services for the care and maintenance of himself, his family or family household, an amount not to exceed the difference between \$4,380 and all basic **essential services benefits** paid with respect to his injury prior to death.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

**Additional Personal Injury  
Protection Endorsement  
(Minnesota)**



**THE HARTFORD**

This endorsement forms a part of Policy No. **10 C A43349E**  
issued by THE HARTFORD INSURANCE GROUP company designat-  
ed therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Named Insured and Address

Effective date 12:01 A. M., standard  
time at the address of the named insured as stated herein.

*[Handwritten signature]*

**SCHEDULE**

**SCHEDULE OF BENEFITS—ADDITIONAL PERSONAL INJURY PROTECTION COVERAGE**  
The Company will pay up to the limit indicated for each of the benefits shown.

A. MEDICAL EXPENSES	B. WORK LOSS	C. ESSENTIAL SERVICES EXPENSES	D. FUNERAL EXPENSES	E. SURVIVORS' LOSS	AUTO No.	PREMIUM
\$100,000 per person	\$ 50,000 per week	\$ 25,000 per day	\$ INCL per person	\$ 400. per week	23	\$ <del>36.00</del> \$ 1 incl 400
AGGREGATE LIMIT FOR BENEFITS B, C, D AND E \$						\$
TOTAL AGGREGATE LIMIT FOR ALL PERSONAL INJURY PROTECTION BENEFITS \$						\$
TOTAL PREMIUM \$						\$ <del>36.00</del> \$ 1 incl 400

Named Individual(s):

It is agreed that such insurance as is afforded with respect to **bodily injury** sustained by the **named insured** or a **relative** under the Personal Injury Protection Endorsement (Minnesota) is extended to apply as follows:

- Such limits as are stated in the Schedule of this endorsement shall apply in lieu of, and not in addition to, those stated in the Schedule and in the "Limits of Liability" provision of the Personal Injury Protection Endorsement (Minnesota).
- The insurance so afforded and the insurance as extended by this endorsement also apply with respect to **bodily injury** sustained by an individual specifically named in the Schedule hereof as though he were the **named insured**, or by a spouse or any other person related to such named individual by blood, marriage or adoption (including a ward, foster child, or minor in the custody of such named individual or such related person) who is a resident of the same household as such named individual, or who usually makes his home in the same household but temporarily lives elsewhere, as though such person were a **relative**.
- This insurance does not apply to **bodily injury** sustained by any person while **occupying**, or while a pedestrian through being struck by, a **motor vehicle** owned by such person with respect to which additional personal injury protection coverage is not in effect.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....  
Authorized Agent

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

New Jersey Additional  
Personal Injury Protection

THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E**  
issued by THE HARTFORD INSURANCE GROUP company design-  
ated therein, and takes effect as of the effective date of said policy  
unless another effective date is stated herein.

Effective date..... 12:01 A.M., standard time  
at the address of the named insured as stated herein.

## SCHEDULE

- Each of the following persons is a Person Insured for Additional Personal Injury Protection Coverage:
  - The **named insured** and his spouse if a resident of the same household.
  - (2) ..... (3) .....
- The applicable limits of the Company's liability under the Basic Protection Endorsement for **income continuation benefits** and **essential services benefits** shall be as stated herein, subject to all the terms of the policy having reference thereto.

COVERAGE	MAXIMUM	MAXIMUM TOTAL	AUTO NO.	PREMIUMS
Income Continuation Benefits	A. <b>\$6,400</b> Weekly	B. \$		\$ <del>229.80</del> <i>included</i> ✓
Essential Services Benefits	C. <b>\$10,220</b> Per Day	D. \$		\$

TOTAL PREMIUM \$ ~~129.80~~ *included*

It is agreed that the New Jersey Basic Personal Injury Protection Endorsement, hereinafter called the Basic Protection Endorsement, is amended as follows, but only with respect to any amounts payable thereunder because of **bodily injury** to an **eligible injured person** who is specifically designated herein as a Person Insured for Additional Personal Injury Protection Coverage:

- The weekly and total limits applicable to **income continuation benefits** as stated in the Basic Protection Endorsement are amended by substituting therefor, respectively, the amounts shown opposite A. and B. in the Schedule above.
- The per day and total limits applicable to **essential service benefits** as stated in the Basic Protection Endorsement are amended by substituting therefor, respectively, the amount shown opposite C. and D. in the Schedule above.
- The limits of the Company's liability stated herein for **income continuation benefits** and **essential services benefits** shall not operate to increase the amount of any **survivor benefits** payable under the Basic Protection Endorsement.
- The Company will pay an added death benefit of \$10,000 to the surviving spouse, or if there is no surviving spouse, to the surviving children, or if there are no surviving spouse or surviving children, to the estate of the Person Insured for Additional Personal Injury Protection Coverage if his death results from **bodily injury** for which Basic Personal Injury Protection Benefits are payable and occurs within 90 days of the accident.
- Subject to the limits of liability shown in the Schedule, the Company shall not be liable for more than 75% of weekly **income** in excess of \$100, provided, however, that after \$5,200 has been paid as **income continuation benefits** at the rate specified in the Basic Protection Endorsement the Company shall not be liable for more than 75% of weekly **income** thereafter.
- This endorsement is subject to all the terms and provisions of the Basic Protection Endorsement not expressly modified herein.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....  
Authorized Agent

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



**Automobile Medical Payments  
Insurance Coverage Part**

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

**SCHEDULE**

The insurance afforded is with respect to the following coverage as indicated by specific premium charge or charges. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premium	Limits of Liability
F — Automobile Medical Payments	<del>\$ 100,000</del> included	\$ 5,000 each person

**Designation of Automobiles—Division 1**

- (1) ☐ Any owned automobile
- (2) ☐ Any hired automobile
- (3) ☒ Any licensed owned private passenger automobile
- (4) ☐ Any automobile described in the schedule and designated "M.P."
- (5) ☐ Any non-owned automobile
- (6) ☒ SAFARI SKIMOBILES


**Designated Person Insured—Division 2**

Advance Premium  
\$  
\$  
\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

The conditions and provisions printed on page AMP-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

 COMPANY COPY  
+  
ATTACH FORMS ALONG MARGIN BELOW THIS MARK

# Protection Against Uninsured Motorists Insurance Coverage Part

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective..... (at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U — Uninsured Motorists	\$ <del>200.00</del> included	\$ 10 ,000 each person \$ 20 ,000 each accident

Designated Insured:

AS RESPECTS TO: WISCONSIN, MAINE AND MINNESOTA, Kentucky

Description of Insured Highway Vehicles  
(Check appropriate box)

- ☒ Any automobile owned by the named insured
- ☐ Any private passenger automobile owned by the named insured
- ☐ Any highway vehicle to which are attached dealer's license plates issued to the named insured
- ☐ Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the named insured as a replacement therefor
- ☐ Any mobile equipment owned or leased by and registered in the name of the named insured
- ☐

## I. COVERAGE U — UNINSURED MOTORISTS (Damages for Bodily Injury)

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury sustained by the insured, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

### Exclusions

This insurance does not apply:

- (a) to bodily injury to an insured with respect to which such insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

- (b) to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;

- (c) so as to inure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

## II. PERSONS INSURED

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the designated page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

does not certify that these documents constitute a complete and accurate copy of the policy.

# **Protection Against Uninsured Motorists Insurance Coverage Part**

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## **SCHEDULE**

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
U — Uninsured Motorists	\$ 32.00 <i>100 del</i>	\$ 25,000 each person \$ 30,000 each accident

Designated Insured:

**AS RESPECTS TO: NEW JERSEY**

Description of Insured Highway Vehicles  
(Check appropriate box)

- ☒ Any automobile owned by the named insured
- ☐ Any private passenger automobile owned by the named insured
- ☐ Any highway vehicle to which are attached dealer's license plates issued to the named insured
- ☐ Any highway vehicle designated in the schedule of the policy by the letters "UM" and a highway vehicle ownership of which is acquired during the policy period by the named insured as a replacement therefor
- ☐ Any mobile equipment owned or leased by and registered in the name of the named insured
- ☐

## **I. COVERAGE U — UNINSURED MOTORISTS (Damages for Bodily Injury)**

The company will pay all sums which the insured or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured highway vehicle because of bodily injury sustained by the insured, caused by accident and arising out of the ownership, maintenance or use of such uninsured highway vehicle; provided, for the purposes of this coverage, determination as to whether the insured or such representative is legally entitled to recover such damages, and if so the amount thereof, shall be made by agreement between the insured or such representative and the company or, if they fail to agree, by arbitration.

No judgment against any person or organization alleged to be legally responsible for the bodily injury shall be conclusive, as between the insured and the company, of the issues of liability of such person or organization or of the amount of damages to which the insured is legally entitled unless such judgment is entered pursuant to an action prosecuted by the insured with the written consent of the company.

### **Exclusions**

This insurance does not apply:

- (a) to bodily injury to an insured with respect to which such insured, his legal representative or any person entitled to payment under this insurance shall, without written consent of the company, make any settlement with any person or organization who may be legally liable therefor;

- (b) to bodily injury to an insured while occupying a highway vehicle (other than an insured highway vehicle) owned by the named insured, any designated insured or any relative resident in the same household as the named or designated insured, or through being struck by such a vehicle, but this exclusion does not apply to the named insured or his relatives while occupying or if struck by a highway vehicle owned by a designated insured or his relatives;
- (c) so as to inure directly or indirectly to the benefit of any workmen's compensation or disability benefits carrier or any person or organization qualifying as a self-insurer under any workmen's compensation or disability benefits law or any similar law.

## **II. PERSONS INSURED**

Each of the following is an insured under this insurance to the extent set forth below:

- (a) the named insured and any designated insured and, while residents of the same household, the spouse and relatives of either;
- (b) any other person while occupying an insured highway vehicle; and
- (c) any person, with respect to damages he is entitled to recover because of bodily injury to which this insurance applies sustained by an insured under (a) or (b) above.

The insurance applies separately with respect to each insured, except with respect to the limits of the company's liability.

The conditions and provisions printed on pages UM-2 and UM-3 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

*does not certify that these documents constitute a complete and accurate copy of the policy.*



## GARAGE INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages and hazards thereunder, as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Limits of Liability	Hazards	Advance Premiums
<b>GARAGE LIABILITY</b>			
<b>G. Bodily Injury Liability</b>	\$.....,000 each person	Garage operations including	
	\$.....,000 each occurrence	Automobile Hazard 1	\$
		Automobile Hazard 2	\$
		Escalators	\$
<b>H. Property Damage Liability</b>	\$.....,000 each occurrence subject to \$100 deductible as set forth in Limits of Liability provision.	Garage operations including	
		Automobile Hazard 1	\$
		Automobile Hazard 2	\$
		Escalators	\$
<b>EXPENSES FOR MEDICAL SERVICES</b>		<b>Premium Rate</b>	
<b>I. Automobile Medical Payments</b>	\$.....	% of Coverage G Premium	\$
<b>I. and J. Automobile and Premises Medical Payments</b>	each person	% of Coverage G Premium	\$
<b>GARAGEKEEPERS' LEGAL LIABILITY</b>	<b>Limits of Liability — each location</b>	<b>Less Deductible</b>	
<b>K-1. Fire and Explosion</b>	As stated below		\$ INCL
<b>K-2. Theft of the Entire Automobile</b>	As stated below		\$ INCL
<b>K-3. Riot, Civil Commotion, Malicious Mischief and Vandalism</b>	As stated below	\$25 each loss caused by malicious mischief or vandalism	\$ INCL
<b>K-4. Collision or Upset</b>	As stated below. If Coverage K-4 is afforded, the limit stated below for each location includes \$5,000 limit for loss to property other than automobiles.	\$ 50 each loss caused by Collision or Upset	\$ INCL
Form Numbers of Endorsements forming part of this Coverage Part at issue:		<b>Advance Prem. for Endorsements</b>	\$
		<b>TOTAL ADVANCE PREMIUMS</b>	\$

The following are the addresses of all premises where the named insured conducts garage operations:

Location No.	Address (Show main sales location, if any, as Location No. 1)	GARAGE LIABILITY — Premium Basis			GARAGE LIABILITY — Rates		GARAGEKEEPERS' LEGAL LIABILITY	
		(1)	(2)	(3): Remuneration (4): Total Number (5): Total Number	(1) (2) (3): Per \$100 Remuneration (4): Per Automobile (5): Per Escalator		Limit of Liability	Maximum No. of Customers' Automobiles Stored
1	Description of Escalator Location in Building	Code No.	(1) Class A \$.....		Coverage G	Coverage H		
			(2) Class B \$.....					
			(3) Class C \$.....					
			(4) Furnished Automobiles.....					
			(5) Escalators.....					
2	Description of Escalator Location in Building	Code No.	(1) Class A \$.....					
			(2) Class B \$.....					
			(3) Class C \$.....					
			(4) Furnished Automobiles.....					
			(5) Escalators.....					

All automobiles owned by the named insured are used principally in garage operations of the named insured, except automobiles (1) assigned to the named insured, a partner therein or a member thereof, or an executive officer thereof, or, if a resident of the same household, the spouse of any of them or (2) furnished to any person or organization named below.

Automobiles owned by the named insured are furnished to the following persons or organizations for their regular use for other business purposes or for non-business purposes (do not list the named insured, any partner, member, executive officer or, if a resident of the same household, the spouse of any of them, unless more than one automobile is furnished concurrently to such person and then show only the number of automobiles so furnished in excess of one):

Name: Number of Such Automobiles:

The conditions and provisions printed on pages GAR-2, GAR-3 and GAR-4 are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that the company takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

# Automobile Physical Damage Insurance (Fleet Automatic) Coverage Part

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A433AGE** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy, unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective (at the hour stated in the policy) and forms a part of the above designated policy issued to.

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## Items

## SCHEDULE

1. (a) The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges and, under each such coverage, applies only to such covered automobiles as are indicated, by entry herein, of one or more of the designating numerals for that purpose appearing in division (b) of this Item. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Coverages	★ Covered Automobiles	Amount or "ACV" (Actual Cash Value)	Deductible	Limit of Liability — each covered automobile "S" entered below means: "As separately stated in the Schedule of Covered Automobiles made a part hereof"	Advance Premiums
O. Comprehensive	CA- CA-	ACV	\$	SEE SCHEDULE ATTACHED	\$ 265.00
P. Collision	CA- CA-		\$		\$
Q. Fire, Lightning or Transportation	CA- CA-		\$		\$
R. Theft	CA- CA-		\$		\$
S. Windstorm, Hail, Earthquake or Explosion	CA- CA-		\$		\$
T. Combined Additional	CA- CA-		\$		\$
V. Towing (Not available in California)	CA- CA-		\$25 for each disablement		\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

## Maximum Limit of Liability

## Advance Premium for Endorsements

\$	Any one covered automobile	\$
\$	All covered automobiles at any one location	\$
\$	All covered automobiles	\$
\$	TOTAL ADVANCE PREMIUMS	\$ 265.00

Records to be submitted ("M" = monthly; "Q" = quarterly; "S" = semi-annually)

- (b) Explanation of above entries designating the covered automobiles to which this insurance applies under each Coverage afforded:
- ★ CA-1 = all covered automobiles
  - CA-2 = all registered covered automobiles
  - CA-3 = all covered automobiles of the private passenger type
  - CA-4 = all covered automobiles of the commercial type
  - CA-5 = the covered automobiles described in the Schedule of Covered Automobiles made a part hereof (including newly acquired vehicles, subject to the provisions of paragraph (b) of the "covered automobile" definition)
- When also entered with CA-1, 2, 3 or 4: 6 = excluding vehicles leased to the named insured; 7 = excluding under Collision Coverage; any vehicle not having an actual cash value of at least \$.

## 2. Schedule of Covered Automobiles as of effective date of this insurance:

(a) Description; (b) Facts Respecting Purchase; (c) Limit of Liability (if not stated in Item 1 above); Rates, Advance Premiums												
AUTO No.	(a)	Year Model	Body Type - Capacity	Identification No.(I), Serial No.(S), Motor No.(M)	No. of Cyls. Model	Principally garaged in (Town, State)	*Purpose of Use	Classification				
1	SEE SCHEDULE ATTACHED.											
2												
AUTO No.	(b)	List Price	Actual Cost	Purchased Ma./Yr.—New (N); Used (U)	Rating Symbol	Any loss under Coverages other than Towing is payable as interest may appear to the named insured and the Loss Payee named below:						
1												
2												
AUTO No.	(c) Limit of Liability—each covered automobile described in (a) above and covered for:				Rates	Advance Premiums						
	Coverages other than Collision Enter: Amt. or "ACV"	Deductible	Collision Enter: "ACV"	Deductible		Cov. O	Cov. P	Cov. Q	Cov. R	Cov. S	Cov. T	Cov. V
1		\$	\$	\$		\$	\$	\$	\$	\$	\$	\$
2		\$	\$	\$		\$	\$	\$	\$	\$	\$	\$
"ACV" means Actual Cash Value						Totals	\$	\$	\$	\$	\$	\$

3. Except with respect to bailment lease, conditional sale, purchase agreement, mortgage or other encumbrance, the named insured is the sole owner of every covered automobile designated above as covered under this insurance, unless otherwise stated herein:

The conditions and provisions printed on pages PHF-2, PHF-3 and PHF-4 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

\* P & B = Pleasure and Business; C = Commercial

A-3011-1 GDR Printed in U. S. A. (ISO: CP-00-35) Ed. 8-74

PHF-1

Countersigned by.....

Authorized Agent

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00252015

SA 2967



## GARAGE INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective (at the hour stated in the policy) and forms a part of the above designated policy issued to.

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages and hazards thereunder as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Limits of Liability	Hazards	Advance Premiums
<b>GARAGE LIABILITY</b>		<i>Garage operations including</i>	
<b>G. Bodily Injury Liability</b>	\$.....,000 each person	<i>Automobile Hazard 1</i>	\$
	\$.....,000 each occurrence	<i>Automobile Hazard 2</i>	\$
		<i>Escalators</i>	\$
<b>H. Property Damage Liability</b>	\$.....,000 each occurrence subject to \$100 deductible as set forth in Limits of Liability provision.	<i>Garage operations including</i>	
		<i>Automobile Hazard 1</i>	\$
		<i>Automobile Hazard 2</i>	\$
		<i>Escalators</i>	\$
<b>EXPENSES FOR MEDICAL SERVICES</b>		<b>Premium Rate</b>	
<b>I. Automobile Medical Payments</b>	\$..... each person	% of Coverage G Premium	\$
<b>I. and J. Automobile and Premises Medical Payments</b>		% of Coverage G Premium	\$
<b>GARAGEKEEPERS' LEGAL LIABILITY</b>	<b>Limits of Liability — each location</b>	<b>Less Deductible</b>	
<b>K-1. Fire and Explosion</b>	As stated below		\$ 502.00
<b>K-2. Theft of the Entire Automobile</b>	As stated below		\$ INCL
<b>K-3. Riot, Civil Commotion, Malicious Mischief and Vandalism</b>	As stated below	\$25 each loss caused by malicious mischief or vandalism	\$ 168.00
<b>K-4. Collision or Upset</b>	As stated below. If Coverage K-4 is afforded the limit stated below for each location includes \$5,000 limit for loss to property other than automobiles.	\$ 250 each loss caused by Collision or Upset	\$ 388.00
Form Numbers of Endorsements forming part of this Coverage Part at issue:		<b>Advance Prem. for Endorsements</b>	\$
		<b>TOTAL ADVANCE PREMIUMS</b>	\$ 1058.00

The following are the addresses of all premises where the named insured conducts garage operations.

Location No.	Address (Show main sales location, if any, as Location No. 1)		GARAGE LIABILITY — Premium Basis		GARAGE LIABILITY — Rates		GARAGEKEEPERS' LEGAL LIABILITY	
			(1) (2) (3): Remuneration (4): Total Number (5): Total Number	(1) (2) (3): Per \$100 Remuneration (4): Per Automobile (5): Per Escalator	Limit of Liability	Maximum No. of Customers' Automobiles Stored		
							Coverage G	Coverage H
1	PHILTOWER BLDG. TULSA, OKLA.		(1) Class A \$.....					
	Description of Escalator Location in Building	Code No.	(2) Class B \$.....					
			(3) Class C \$.....				\$ 750,000	315
			(4) Furnished Automobiles.....					
			(5) Escalators.....					
2			(1) Class A \$.....					
	Description of Escalator Location in Building	Code No.	(2) Class B \$.....					
			(3) Class C \$.....				\$	
			(4) Furnished Automobiles.....					
			(5) Escalators.....					

All automobiles owned by the named insured are used principally in garage operations of the named insured, except automobiles (1) assigned to the named insured, a partner therein or a member thereof, or an executive officer thereof, or, if a resident of the same household, the spouse of any of them or (2) furnished to any person or organization named below.

Automobiles owned by the named insured are furnished to the following persons or organizations for their regular use for other business purposes or for non-business purposes (do not list the named insured, any partner, member, executive officer or, if a resident of the same household, the spouse of any of them, unless more than one automobile is furnished concurrently to such person and then show only the number of automobiles so furnished in excess of one):

Name: Number of Such Automobiles:

The conditions and provisions printed on pages GAR-2, GAR-3 and GAR-4 are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part affords effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

## COMPREHENSIVE GENERAL LIABILITY INSURANCE—COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
A — Bodily Injury Liability	\$ <del>17,286.00</del> 43,515.	\$ SEE SINGLE .000 each occurrence
B — Property Damage Liability	\$ <del>2,224.00</del> 29,010.	\$ LIMIT .000 aggregate
		\$ ENDT .000 each occurrence
		\$ ATT .000 aggregate

Rating Classifications Entries herein, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.	Code No.	Premium Bases	Rates		Advance Premiums	
			B. I.	P. D.	B. I.	P. D.
(a) Premises — Operations		(a) Area (b) Frontage (c) Remuneration (d) Receipts	(a) Per 100 Sq. Ft. of Area (b) Per Linear Foot (c) Per \$100 of Remuneration (d) Per \$100 of Receipts			
(b) Escalators		(e) Landings	(e) Per Landing			
(c) Independent Contractors		(f) Cost	(f) Per \$100 of Cost			
(d) Completed Operations		(g) Receipts	(g) Per \$1,000 of Receipts			
(e) Products		(h) Sales	(h) Per \$1,000 of Sales			
ALL PREMISES-OPERATIONS OF THE INSURED INCLUDING <del>PRODUCTS</del> PERSONAL INJURY LIABILITY INSURANCE (EXCLUSION C NOT APPLICABLE), CONTRACTUAL LIABILITY INSURANCE, PREMISES MEDICAL PAYMENTS INSURANCE LIQUOR LIABILITY INSURANCE (HOST COVERAGE) AND EMPLOYEE BENEFITS LIABILITY INSURANCE.						
		1) PAYROLL	1) PER \$100 OF WORKMEN'S COMP. PAYROLL			
		(1) 13,007,000	1329	0171	17,286.00	2224.00
		14,183,000	30681	2054	43,515. ✓	29,010. ✓

Form Numbers of Endorsements forming part of this Coverage Part at issue:

SEE FORM AL-8-0C

TOTAL ADVANCE PREMIUMS

43,515. ✓ 29,010. ✓  
\$17,286.00 \$2224.00

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary \$ 2nd Anniversary \$

The conditions and provisions printed on pages CGL-2 and CGL-3 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company. Provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

Countersigned by.....

Authorized Agent

ATTACH FORMS ALONG MARGIN BELOW THIS MARK +



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E**  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date ..... 12:01 A. M., standard time  
at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INS****AUTOMOBILE PHYSICAL DAMAGE INS**

*Form numbers of Coverage Parts and*  
**ENDORSEMENTS AND COVERAGE FORMS FORMING PART OF POLICY at issue.**

L-3717-0 *Comp Auto Liab*~~A-9613-1~~~~A-3471-0~~~~A-3471-0~~AL 6-4 - *Amendment of Casualty Ins*A-3351-0 - *PIP - Minn*A-3008-1 - *UMP*A-3009-1 - *UM*A-2991-0 - *PIP - NJ*A-2993-0 - *UM - NJ*AL 8/B *Composite rate end'd*A 3789-0 *Storagekeepers Insurance*AL 8/B *Notice of Cancellation*AL 8/B *Additional Driver*A 2482-B *UM - New Mexico*~~AL 8-0 (SINGLE LIMIT ENDT)~~AL 68-0 *single limit end'd*A-2036-3 - *Medical end'd*A-2992-2 - *APIP - NJ*A-3353-0 - *APIP - Minn*A 3661-0 - *PIP - Ky*A 3662-0 - *APIP - Ky*AL 8/B - *Car pooling end'd*AL 8/B - *Notice of occurrence*AL 8/B - *Named insured*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.



## LIQUOR LIABILITY INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective..... (at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is with respect to the following coverage as indicated by specific premium charge. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Limits of Liability		Advance Premium
X — Liquor Liability	SEE SINGLE \$ LIMIT 1,000 each common cause \$ ENDT 1,000 aggregate		\$ INCLUDED

  

Location of Insured Premises	Code No.	Premium Basis	Rate	Advance Premium
LIQUOR HOST LIABILITY ALL LOCATIONS OF THE INSURED (FILED WITH THE COMPANY)		Receipts	Per \$100 of Receipts	INCLUDED IN COMPOSITE RATE
Class of Business —————→			TOTAL ADVANCE PREMIUM	\$

Form Numbers of Endorsements forming part of this Coverage Part at issue:

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary \$ 2nd Anniversary \$

## I. COVERAGE X — LIQUOR LIABILITY

The company will pay on behalf of the insured all sums which the insured shall become legally obligated to pay as damages because of injury to which this insurance applies, sustained by any person if such liability is imposed upon the insured by reason of the selling, serving or giving of any alcoholic beverage at or from the insured premises, and the company shall have the right and duty to defend any suit against the insured seeking such damages, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend any suit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

## Exclusions

This insurance does not apply:

(a) to any obligation for which the insured or any carrier as his insurer may be held liable under any workmen's compensation, unemployment compensation or disability benefits law, or under any similar law;

(b) to bodily injury to any employee of the insured arising out of and in the course of his employment by the insured or to any obligation of the insured to indemnify another because of damages arising out of such injury;

(c) to injury arising out of any alcoholic beverage sold, served or given while any license therefor, required by law, is suspended or after such license expires, is cancelled or revoked;

(d) to bodily injury or property damage arising out of the named insured's products or reliance upon a representation or warranty made at any time with respect thereto; but this exclusion does not apply to bodily injury or property damage for which the insured or his indemnitee may be held liable if such liability is imposed

(1) by, or because of the violation of, any statute, ordinance or regulation pertaining to the sale, gift, distribution or use of any alcoholic beverage, or

(2) by reason of the selling, serving or giving of any alcoholic beverage to a minor or to a person under the influence of alcohol or which causes or contributes to the intoxication of any person.

The conditions and provisions printed on page LL-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Authorized Agent

## PERSONAL INJURY LIABILITY INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective..... (at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to personal injury arising out of an offense included within such of the following groups of offenses as are indicated by specific premium charge or charges.

Coverage	Limits of Liability		
PI—Personal Injury Liability	\$ <del>500,000</del> <sup>1,000,000</sup> aggregate		
Insured's participation.....%			
Groups of Offenses	Advance Premium		
A. False Arrest, Detention or Imprisonment, or Malicious Prosecution	\$ INCL		
B. Libel, Slander, Defamation or Violation of Right of Privacy	\$ INCL		
C. Wrongful Entry or Eviction or Other Invasion of Right of Private Occupancy	\$ INCL		
Minimum Premium \$	Total Advance Premium \$ INCL		
Location and Description of Exposure	Premium Bases	Rates	Premium
ALL LOCATIONS OF THE INSURED (FILED WITH THE COMPANY)			INCL IN COMPOSITE RATE

Form Numbers of Endorsements forming part of this Coverage Part at issue:

**ELIMINATION OF EXCL. "C" AL-8-0A**

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary 2nd Anniversary \$

The conditions and provisions printed on page PI-2 of this form are hereby referred to and made a part hereof. This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declaration page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

does not certify that these documents constitute a complete and accurate copy of the policy.



## PREMISES MEDICAL PAYMENTS INSURANCE — COVERAGE PART

COMPANY COPY

Und. Approved	Confidential Report	Und. Notes:
Quality Control		

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is with respect to the following coverage as indicated by specific premium charge or charges. The limit of the company's liability against such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverage	Advance Premium	Limits of Liability
E — Premises Medical Payments	\$ <b>INCLUDED</b>	\$ <b>250</b> each person \$ <b>10,000</b> each accident

Description of Hazards	Advance Premiums
<p>(a) Premises and Operations</p> <p><b>ALL LOCATIONS OF THE INSURED EXCLUDING CAMPS</b>  <del>(FILED WITH COMPANY)</del>  <b>AND CANOE BASES</b>  <b>(ON FILE WITH COMPANY)</b></p> <p><i>[Signature]</i></p>	<p><b>INCLUDED</b>  <b>IN</b>  <b>COMPOSITE</b>  <b>RATE</b></p>
(b) Escalators	
(c) Sports Activities	

Form Numbers of Endorsements forming part of this Coverage Part at issue:

TOTAL ADVANCE PREMIUM \$

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary \$ 2nd Anniversary \$

The conditions and provisions printed on page MP-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

The company located these documents in its files and does not certify that these documents constitute a complete and accurate copy of the policy.

Countersigned by

Authorized Agent

## CONTRACTUAL LIABILITY INSURANCE (BLANKET COVERAGE) - COVERAGE PART

COMPANY COPY

Und. Approved Quality Control	Confidential Report	Und. Notes:
----------------------------------	------------------------	-------------

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective.....(at the hour stated in the policy) and forms a part of the above designated policy issued to.....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
YB — Contractual Bodily Injury Liability	\$ <b>INCLUDED</b>	\$ <b>SEE SINGLE</b> ,000 each occurrence
ZB — Contractual Property Damage Liability	\$ <b>INCLUDED</b>	\$ <b>LIMIT</b> ,000 each occurrence
		\$ <b>EMDT</b> ,000 aggregate

Designation of Contracts	Code No.	Premium Bases	Rates		Advance Premiums	
			B. I.	P. D.	B. I.	P. D.
THAT PART OF ALL WRITTEN CONTRACTS OTHER THAN AS DEFINED UNDER "INCIDENTAL CONTRACTS" IN THE POLICY DEFINITION IN WHICH THE NAMED INSURED ASSUMES THE LIABILITY OF OTHERS		(a) Cost	(a) Per \$100 of Cost			
		(b) Sales	(b) Per \$1,000 of Sales			
			<b>INCLUDED IN THE RATE</b>			<b>COMPOSITE</b>
			<i>attest</i>			
Form Numbers of Endorsements forming part of this Coverage Part at issue: <b>AL8-OC (AMENDMENT OF LIMITS OF LIAB.)</b>			TOTAL ADVANCE PREMIUMS \$		\$	\$

If the Policy Period is more than one year, the Premium is Payable:

On effective date of Policy \$ 1st Anniversary \$ 2nd Anniversary \$

The following exclusions also apply:

☐ Exclusion (p) — Products and Completed Operations ☐ Exclusion (q) — x, c & u

## I. COVERAGE YB—CONTRACTUAL BODILY INJURY LIABILITY

## COVERAGE ZB—CONTRACTUAL PROPERTY DAMAGE LIABILITY

The company will pay on behalf of the insured all sums which the insured, by reason of contractual liability assumed by him under any written contract of the type designated in the schedule for this insurance, shall become legally obligated to pay as damages because of

Coverage YB. bodily injury or

Coverage ZB. property damage

to which this insurance applies, caused by an occurrence, and the company shall have the right and duty to defend any suit against the insured seeking damages on account of such bodily injury or property damage, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend

- (1) any arbitration proceeding wherein the company is not entitled to exercise the insured's rights in the choice of arbitrators and in the conduct of such proceedings, or
- (2) any suit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

## Exclusions

This insurance does not apply:

- (a) to liability assumed by the insured under any incidental contract;
- (b) (i) if the insured is an architect, engineer or surveyor, to bodily injury or property damage arising out of professional services performed by such insured, including
  - (i) the preparation or approval of maps, drawings, opinions, reports, surveys, change orders, designs or specifications, and
  - (ii) supervisory, inspection or engineering services;
- (2) if the indemnitee of the insured is an architect, engineer or surveyor, to the liability of the indemnitee, his agents or employees, arising out of

The conditions and provisions printed on pages KB-2 and KB-3 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that the company takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this Coverage Part.

*attest*  
The company designated herein does not certify that these documents constitute a complete and accurate copy of the policy.

10 C A43349E

**Employee Benefits Liability****Coverage**  
**Employee Benefits Liability****SCHEDULE**

Insurance is afforded with respect to the following coverage, subject to the limits of liability stated herein and to all the terms of the policy relating thereto.

Coverage	Limits of Liability
Employee Benefits Liability	<p>1,000,000</p> <p>\$ 500,000 ,000 each claim</p> <p>1,000,000</p> <p>\$ 500,000 ,000 aggregate</p>
Estimated Number of Employees	Rate (Each Employee)
	First 5,000
	Next 5,000
	Over 10,000
	INCLUDED
Form Numbers of Endorsements forming part of this Coverage Part at Issue:	
TOTAL ADVANCE PREMIUM \$	
IN COMPOSITE RATE	

The conditions and provisions printed on Page EBL-2 of this form are a part hereof.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective \_\_\_\_\_ (at the hour stated in the policy) and forms a part of Policy No. \_\_\_\_\_ issued to \_\_\_\_\_

Countersigned by \_\_\_\_\_  
Authorized Agent**I. EMPLOYEE BENEFITS LIABILITY COVERAGE**

The company will pay on behalf of the **insured** all sums in excess of the deductible amount which the **insured** shall become legally obligated to pay as damages on account of any claim against the **insured** arising out of any negligent act or omission within the United States of America, its territories or possessions, or Canada, in the administration of the **named insured's Employee Benefit Programs**, provided such claim is first made against the **insured** during the period this insurance is in force and the **insured** at the effective date of this insurance had no knowledge of or could not have reasonably foreseen any circumstances which might result in a claim or suit.

The company shall have the right and duty to defend any suit against the **insured** seeking damages on account of such a claim, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend any suit after the applicable limit of the company's liability has been exhausted by payment, on account of one or more claims to which this insurance applies, of judgments or settlements or of sums described in the "Supplementary Payments" provision, or both.

**Exclusions**

This insurance does not apply to:

- any claim arising out of
  - bodily injury or property damage;**
  - any dishonest, fraudulent, criminal or malicious act or out of libel, slander, discrimination or humiliation;
  - the failure of any investment or savings program to perform as represented by an **insured**;
  - advice given by an **insured** to an employee to participate or not to participate in any investment or savings program;
- any claim arising out of the failure of the **insured**, or any insurer, fiduciary, trustee or fiscal agent, to perform any of their obligations or to fulfill any of their guarantees with respect to (i) the payment of benefits under **Employee Benefit Programs** or (ii) the providing, handling or investment of funds related thereto.

**II. PERSONS INSURED**Each of the following is an **insured** under this insurance to the extent set forth below:

- if the **named insured** is designated in the declarations as an individual, the person so designated but only with respect to the conduct of a business of which he is the sole proprietor, and the spouse of the **named insured** with respect to the conduct of such a business;
- if the **named insured** is designated in the declarations as a partnership or joint venture, the partnership or joint venture so designated and any partner or member thereof but only with respect to his liability as such;
- if the **named insured** is designated in the declarations as other than an individual, partnership or joint venture, the organization so designated and any executive officer, director or stockholder thereof while acting within the scope of his duties as such;
- any employee of the **named insured** while acting within the scope of his duties in connection with the administration of the **named insured's Employee Benefit Programs**.

This insurance does not apply to any claim arising out of the conduct of any partnership or joint venture of which the **insured** is a partner or member and which is not designated in this policy as a **named insured**.

**III. SUPPLEMENTARY PAYMENTS**

With respect only to the insurance under the Employee Benefits Liability Coverage, the "Supplementary Payments" provision is amended to read as follows:

**Supplementary Payments**

The company will pay, as part of and not in addition to, the applicable limit of liability:

- all expenses incurred by the company, all costs taxed against the **insured** in any suit defended by the company and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before the company has paid or tendered or deposited in court that part of the judgment which does not exceed the limit of the company's liability thereon.

The company hereby certifies that these documents constitute a complete and accurate copy of the policy.

- (b) premiums on appeal bonds required in any such suit, and premiums on bonds to release attachments in any such suit, for an amount not in excess of the applicable limit of liability of this insurance, but the company shall have no obligation to apply for or furnish any such bonds;
- (c) reasonable expenses incurred by the **insured** at the company's request in assisting the company in the investigation or defense of any claim or suit, including actual loss of earnings not to exceed \$25 per day.

#### IV. LIMITS OF LIABILITY — DEDUCTIBLE

Regardless of the number of (1) **insureds** under this policy, or (2) claims made or suits brought on account of alleged acts or omissions by an **insured**, the company's liability is limited as follows:

With respect to this insurance, the limit of liability stated in the Schedule as applicable to "each claim" is the total limit of the company's liability, including liability for all damages and for all costs, expenses and premiums for release of attachment or appeal bonds described in the "Supplementary Payments" provision and incurred in accordance therewith, on account of each claim to which this insurance applies.

For the purpose of applying the limits of the company's liability, all damages claimed by one employee as the result of a series of acts or omissions shall be considered as comprising one claim.

\$1000 shall be deducted from the total amount of damages, exclusive of such costs, expenses and premiums, on account of each claim. All the terms of this insurance apply irrespective of the application of the deductible amount and the company may pay any part or all of the deductible amount to effect settlement of any claim or suit and, upon notification of the action taken, the **insured** shall promptly reimburse the company for such part of the deductible amount as has been paid by the company.

The limit of liability stated in the Schedule as "aggregate" is, subject to the above provision respecting "each claim", the total limit of the company's liability, including liability for all damages and for all such costs, expenses and bond premiums incurred, on account of all claims to which this insurance applies.

#### V. ADDITIONAL DEFINITIONS

When used in reference to this insurance (including endorsements forming a part of the policy):

"administration" means

- (1) giving counsel to employees of the **named insured** including the employees' dependents and beneficiaries with respect to eligibility in or scope of **Employee Benefit Programs** available to such employee by virtue of his employment by the **named insured**;
- (2) handling of records in connection with **Employee Benefit Programs**;
- (3) effecting or terminating enrollment of any employee of the **named insured** under **Employee Benefit Program**;

provided all such acts are authorized by the **named insured**;

"**Employee Benefit Programs**" means a formal program or programs of employee benefits maintained in connection with the business or operations of the **named insured** covered by the Bodily Injury and Property Damage Liability Coverages of this policy, such as but not limited to Group Life Insurance, Group Accident or Health Insurance, Pension Plans, Employee Stock Subscription Plans, Workmen's Compensation, Unemployment Insurance, Social Security and Disability Benefits.

#### VI. CONDITIONS

- 1. All of the Conditions of the policy apply to this insurance except "Financial Responsibility Laws" and "Other Insurance".
- 2. **Excess Insurance** This insurance shall be excess insurance over any other valid and collectible insurance available to the **insured**, and shall not contribute with any such other insurance.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



Named Insured and Address

This endorsement forms a part of Policy No. <sup>59E</sup> ~~10 C A43349E~~ issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the *named insured* as stated herein.

### ELIMINATION OF EXCLUSION "C"

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

#### PERSONAL INJURY LIABILITY INSURANCE



IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE IT IS AGREED THAT EXCLUSION (C) OF THE PERSONAL INJURY LIABILITY COVERAGE PART IS DELETED.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

**AMENDMENT - LIMITS OF LIABILITY  
(SINGLE LIMIT)**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**

<u>COVERAGES</u>	<u>SCHEDULE</u>	<u>LIMITS OF LIABILITY</u>
<u>BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY</u>		<u>\$500,000 EACH PERSON</u> <u>\$500,000 OCCURRENCE</u>

IT IS AGREED THAT PROVISIONS OF THE POLICY CAPTIONED "LIMITS OF LIABILITY" RELATING TO BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY ARE AMENDED TO READ AS FOLLOWS:

**LIMITS OF LIABILITY**

REGARDLESS OF THE NUMBER OF (1) INSURED UNDER THIS POLICY, (2) PERSONS OR ORGANIZATIONS WHO SUSTAIN BODILY INJURY OR PROPERTY DAMAGE, (3) CLAIMS MADE OR SUITS BROUGHT ON ACCOUNT OF BODILY INJURY OR PROPERTY DAMAGE OR (4) AUTOMOBILES OR UNITS OF MOBILE EQUIPMENT TO WHICH THIS POLICY APPLIES, THE COMPANY'S LIABILITY IS LIMITED AS FOLLOWS:

**BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY:**

(a) THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS APPLICABLE TO "EACH OCCURRENCE" IS THE TOTAL LIMIT OF THE COMPANY'S LIABILITY FOR ALL DAMAGES BECAUSE OF BODILY INJURY OR PROPERTY DAMAGE AS A RESULT OF ANY ONE OCCURRENCE, PROVIDED THAT WITH RESPECT TO ANY OCCURRENCE FOR WHICH NOTICE OF THIS POLICY IS GIVEN IN LIEU OF SECURITY OR WHEN THIS POLICY IS CERTIFIED AS REPT OF FINANCIAL RESPONSIBILITY UNDER THE PROVISIONS OF THE MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW OF ANY STATE OR PROVINCE SUCH LIMIT OF LIABILITY SHALL BE APPLIED TO PROVIDE THE SEPARATE LIMITS BY SUCH LAW FOR BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY TO THE EXTENT OF THE COVERAGE REQUIRED BY SUCH LAW, BUT THE SEPARATE APPLICATION OF SUCH LIMIT SHALL NOT INCREASE THE TOTAL LIMIT OF THE COMPANY'S LIABILITY.

(B) FOR THE PURPOSE OF DETERMINING THE LIMIT OF THE COMPANY'S LIABILITY, ALL BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF CONTINUOUS OR REPEATED EXPOSURE TO SUBSTANTIALLY THE SAME GENERAL CONDITIONS SHALL BE CONSIDERED AS ARISING OUT OF ONE OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Form AL-8-0 C Printed in U. S. A. 10-66 NBCU:

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Named Insured and Address:

This endorsement forms a part of Policy No. **10 C A433488**  
 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

**EXTENSION TO FORM L-3037-1**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

IT IS AGREED THAT THE FOLLOWING SCHEDULE APPLIES AS RESPECTS FORM L3037-1  
 "REAL PROPERTY LIABILITY FIRE:"

DESC. OF PROPERTY	LIMIT OF LIAB.	RATE PER \$100 LIMIT	PREMIUM
1. 308 FIFTH AVE NEW YORK, N.Y.	100,000 EA OCCURRENCE		INCLUDED
2. 300 WEST ADAMS ST. CHICAGO, ILLINOIS	100,000 EA OCCURRENCE		
3. 2515 PEACHTREE CENTER BLDG ATLANTA, GA.	100,000 EA OCCURRENCE		
4. POWER & LIGHT BLDG. 14TH BALTIMORE SUITE 2506 KANSAS, CITY, MO.	100,000 EA OCCURRENCE		COMPOSITE
5. 44 CARILLON TOWER EAST 13601 PRESTON RD. DALLAS, TEXAS	100,000 EA OCCURRENCE		
6. 790 LUCERNE DRIVE, SUNNYVALE, CALIF.	100,000 EA OCCURRENCE		RATE
7. 275 BUSH ST., SAN FRANCISCO, CALIF. 94104	100,000 EA OCCURRENCE		

8. BANCROFT BUILDING  
731 MARKET ST.  
San Francisco, Cal.

100,000 ea. Occurrence

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
 INSURANCE GROUP  
 HARTFORD, CONNECTICUT

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-C Printed in U. S. A. 10-66 NBCU:

## REAL PROPERTY — LIABILITY — FIRE

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE  
MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE  
OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE

It is agreed that the Property Damage Liability Coverage applies to *property damage* to structures or portions thereof rented to or occupied by the *named insured* and described in this endorsement, including fixtures permanently attached thereto, if such *property damage* arises out of fire, subject to the following additional provisions:

1. With respect to the insurance provided by this endorsement, all of the exclusions of the policy, other than the Nuclear Energy Liability Exclusion (Broad Form), are deleted and replaced by the following:

This insurance does not apply to liability assumed by the *insured* under any contract or agreement.

2. The limit of liability stated in this endorsement applies separately to the insurance under this endorsement and is in lieu of any other limit of liability stated in the policy.

Description  
of Property

Limit of  
Liability

Rate  
(per \$100 of Limit)

Premium

\$ each occurrence

SEE FORM AL-8-0C



Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Form L-3037-1 Printed in U. S. A. 10-69 (NBCU: G 209)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the original documents.

**ADDITIONAL INSURED**  
(Vendors—Limited Form)

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

It is agreed that the "Persons Insured" provision is amended to include any person or organization (herein referred to as "Vendor"), as an Insured, but only with respect to the distribution or sale in the regular course of the Vendor's business of the Named Insured's products subject to the following additional provisions:

1. The insurance with respect to the Vendor does not apply to:
  - (a) any express warranty, or any distribution or sale for a purpose, unauthorized by the Named Insured
  - (b) bodily injury or property damage arising out of
    - (i) any act of the Vendor which changes the condition of the products,
    - (ii) any failure to maintain the product in merchantable condition,
    - (iii) any failure to make such inspections, adjustments, tests or servicing as the Vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products, or
    - (iv) products which after distribution or sale by the Named Insured have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the Vendor;
  - (c) bodily injury or property damage occurring within the Vendor's premises.
2. This insurance does not apply to any person or organization, as Insured, from whom the Named Insured has acquired such products or any ingredient, part or container, entering into, accompanying or containing such products.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

Form L-3243-0 Printed in U. S. A. 10-'63 (NBCU: G-114)

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## Comprehensive Automobile Liability Insurance — Coverage Part

COMPANY



THE HARTFORD

Und. Approved

Confidential  
Report

Und. Notes:

Quality Control

This Coverage Part forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless otherwise stated herein.

(For use only if this Coverage Part is effective after the effective date of the Policy)

This Coverage Part is effective ..... (at the hour stated in the policy) and forms a part of the above designated policy issued to .....

The Company, in consideration of the payment of the premium and subject to all of the provisions of the policy not expressly modified herein, agrees with the named insured as follows:

## SCHEDULE

The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Coverages	Advance Premiums	Limits of Liability
C — Bodily Injury Liability	\$ <del>1131.00</del> 8840	\$ SEE SINGLE each person \$ LIMIT .000 each occurrence
D — Property Damage Liability	\$ <del>366.00</del> 5576	\$ ENDT .000 each occurrence

## Description of Hazards

1. Owned Automobiles					Premium Basis — Per Automobile	
Year Model	Body Type - Truck Size	Identification No. (I)	Town and State in which the automobile will be principally garaged	(a) Purpose of Use	Advance Premiums	
Trade Name	(Truck Load, Gallonage, Bus Seating Capacity)	Serial No. (S)	Motor No. (M)	Classification	Coverage C	Coverage D
SEE SCHEDULE 1 - ATTACHED					952.00 included	276.00 included
see As per schedule on file with the company						

2. Hired Automobiles					Premium Basis—Total Cost of Hire	
Types Hired (b)	Locations where automobiles will be principally used	Purposes of Use (a)	Estimated Total Cost of Hire	Rates per \$100 Total Cost of Hire	Coverage C	Coverage D
IF ANY	NORTH BRUNSWICK, N.J.	COM				
		PPT				

3. Non-Owned Automobiles					Premium Basis—Total Number of Employees at all Locations	
Total Number of Employees at all Locations						

900 NORTH BRUNSWICK, N.J.

Form Numbers of Endorsements forming part of this Coverage Part at issue:

TOTAL ADVANCE PREMIUMS \$ 8840 \$ 5576  
\$ ~~1131.00~~ \$ ~~366.00~~

The conditions and provisions printed on page CAL-2 of this form are hereby referred to and made a part hereof.

This Coverage Part shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this Coverage Part takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid counterinsurance of this Coverage Part.

At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

(a) P &amp; B = Pleasure and Business; C = Commercial

(b) PP = Private Passenger Automobile; C = Commercial Automobile

Countersigned by

Authorized Agent

ATTACH FORMS ALONG MARGIN BELOW THIS MARK +





THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date .....12:01 A. M., standard time  
at the address of the named insured as stated herein.

**ADDITIONAL INSURED**  
**(U.S. FOUNDATION FOR INTERNATIONAL SCOUTING)**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**ADDITIONAL INSURED**

IN CONSIDERATION OF THE PREMIUM INCLUDED IN THE COMPOSITE RATE IT IS UNDERSTOOD AND AGREED THAT THE POLICY IS EXTENDED TO INCLUDE THE INTEREST OF U.S. FOUNDATION FOR INTERNATIONAL SCOUTING AS ADDITIONAL INSURED.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E**  
 issued by THE HARTFORD INSURANCE GROUP company designated  
 therein, and takes effect as of the effective date of said policy unless  
 another effective date is stated herein.

Effective date .....12:01 A. M., standard time  
 at the address of the named insured as stated herein.

**ADDITIONAL INSURED  
 (EMPLOYEES COUNCIL MEMBERS, ETC)**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

~~COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE~~  
**COMPREHENSIVE GENERAL LIABILITY INSURANCE**  
~~AUTOMOBILE PHYSICAL DAMAGE INSURANCE~~  
**CONTRACTUAL LIABILITY INSURANCE**  
**PERSONAL INJURY LIABILITY INSURANCE**

IT IS AGREED THAT THE ADDITIONAL INSURED OF THE ABOVE MENTIONED POLICY  
 ARE:

**EMPLOYEES, COUNCIL MEMBERS, EXECUTIVE BOARD MEMBERS, VOLUNTEERS,  
 TRUSTEES, SPONSORS, AND DONORS OF AUTOS OR AIRCRAFT.**

*and*

*[Handwritten signature]*

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

*admit*

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A4334SE**  
issued by THE HARTFORD INSURANCE GROUP company designated  
therein, and takes effect as of the effective date of said policy unless  
another effective date is stated herein.

Effective date .....12:01 A. M., standard time  
at the address of the *named insured* as stated herein.

**(INTERESTS OF TVA AND USA) - SPECIFIC**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

IT IS AGREED THAT THE INTEREST OF THE TENNESSEE VALLEY AUTHORITY  
AND THE UNITED STATES GOVERNMENT ARE INCLUDED AS ADDITIONAL INSURED  
WITH RESPECT TO THE USE OF PREMISES IN "LAND BETWEEN THE LAKES" FOR  
THE DEVELOPMENT OF A HIGH ADVENTURE SCOUTING PROGRAM BY THE BOY  
SCOUTS OF AMERICA, THE INTERESTS OF THE TENNESSEE VALLEY AUTHORITY  
AND THE UNITED STATES GOVERNMENT ARE PROTECTED WITH RESPECT TO  
LOSSES OR SUITS ARISING OUT OF THE BSA'S ACTIVITIES IN THIS PROGRAM.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its  
business records. At this time, the company  
does not certify that these documents constitute  
a complete and accurate copy of the policy.

Form AL-8-1 B Printed in U.S.A. ISO:



THE HARTFORD

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date .....12:01 A. M., standard time at the address of the named insured as stated herein.

**INCIDENTAL MALPRACTICE LIABILITY ENDORSEMENT**

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

**IT IS AGREED THAT:**

- 1) THE DEFINITION OF "BODILY INJURY" IS AMENDED TO INCLUDE INJURY ARISING OUT OF THE RENDERING OF OR FAILURE TO RENDER PROFESSIONAL SERVICES BY ANY PHYSICIAN, DENTIST OR NURSE WHILE EMPLOYED BY THE NAMED INSURED TO PROVIDE SUCH SERVICES.
- 2) EXCLUSION (J) DOES NOT APPLY TO INJURY TO THE EMOTIONS OR REPUTATION OF A PERSON ARISING OUT OF THE RENDERING OF SUCH SERVICES.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## AMENDMENT-LIMITS OF LIABILITY

( SINGLE LIMIT )

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E**  
 issued by THE HARTFORD INSURANCE GROUP company design-  
 ated therein, and takes effect as of the effective date of said policy  
 unless another effective date is stated herein.

Effective date .....12:01 A. M., standard time at the address of the named insured as  
 stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE  
 CONTRACTUAL LIABILITY INSURANCE**

## SCHEDULE

BODILY INJURY LIABILITY AND PROPERTY DAMAGE  
LIABILITY.

\$ 500,000 EACH OCCURRENCE  
\$ 500,000 AGGREGATE  
 1,000,000

IT IS AGREED THAT PROVISIONS OF THE POLICY CAPTIONED "LIMITS OF LIABILITY"  
 RELATING TO BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY ARE  
 AMENDED TO READ AS FOLLOWS:

## LIMITS OF LIABILITY

REGARDLESS OF THE NUMBER OF (1) INSUREDS UNDER THIS POLICY, (2) PERSONS  
OR ORGANIZATIONS WHO SUSTAIN BODILY INJURY OR PROPERTY DAMAGE, (3) CLAIMS  
MADE OR SUITS BROUGHT ON ACCOUNT OF BODILY INJURY OR PROPERTY DAMAGE OR  
(4) AUTOMOBILES OR UNITS OF MOBILE EQUIPMENT TO WHICH THIS POLICY  
APPLIES, THE COMPANY'S LIABILITY IS LIMITED AS FOLLOWS:

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY:

- (A) THE LIMIT OF LIABILITY STATED IN THE SCHEDULE AS APPLICABLE TO  
 "EACH OCCURRENCE" IS THE TOTAL LIMIT OF THE COMPANY'S LIABILITY  
 FOR ALL DAMAGES BECAUSE OF BODILY INJURY OR PROPERTY DAMAGE AS  
 A RESULT OF ANY ONE OCCURRENCE PROVIDED THAT WITH RESPECT TO  
 ANY OCCURRENCE FOR WHICH NOTICE OF THIS POLICY IS GIVEN IN LIEU  
 OF SECURITY OR WHEN THIS POLICY IS CERTIFIED AS PROOF OF  
 FINANCIAL RESPONSIBILITY UNDER THE PROVISIONS OF THE MOTOR  
 VEHICLE FINANCIAL RESPONSIBILITY LAW OF ANY STATE OR PROVINCE  
 SUCH LIMIT OF LIABILITY SHALL BE APPLIED TO PROVIDE THE SEPARATE  
 LIMITS REQUIRED BY SUCH LAW FOR BODILY INJURY LIABILITY AND  
 PROPERTY DAMAGE LIABILITY TO THE EXTENT OF THE COVERAGE REQUIRED  
 BY SUCH LAW, BUT THE SEPARATE APPLICATION OF SUCH LIMIT SHALL  
 NOT INCREASE THE TOTAL LIMIT OF THE COMPANY'S LIABILITY.
- (B) SUBJECT TO THE ABOVE PROVISIONS RESPECTING "EACH OCCURRENCE",  
 THE TOTAL LIABILITY OF THE COMPANY FOR ALL DAMAGES BECAUSE OF  
 ALL BODILY INJURY AND PROPERTY DAMAGE WHICH OCCURS DURING EACH  
 ANNUAL PERIOD WHILE THIS POLICY IS IN FORCE COMMENCING FROM ITS  
 EFFECTIVE DATE AND IS DESCRIBED IN ANY OF THE NUMBERED SUBPARAGRAPHS  
 BELOW SHALL NOT EXCEED THE LIMIT OF LIABILITY STATED IN THE  
 SCHEDULE AS "AGGREGATE".

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other  
 than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company, provided that this endorsement takes  
 effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on this endorsement policy  
 by a duly authorized agent of the company shall constitute valid counter-signature of this endorsement.



Subject to Protective Order - Highly Confidential

Countersigned by

BSA-PLAN\_00252035

SA 2987



## AMENDMENT-LIMITS OF LIABILITY

( SINGLE LIMIT )

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A. M., standard time at the address of the named insured as stated herein.

## AMENDMENT LIMITS OF LIABILITY (SINGLE LIMIT) (CONT'D)

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**  
**CONTRACTUAL LIABILITY INSURANCE**

- (1) ALL PROPERTY DAMAGE ARISING OUT OF PREMISES OR OPERATIONS RATED ON A REMUNERATION BASIS OR CONTRACTOR'S EQUIPMENT RATED ON A RECEIPTS BASIS, INCLUDING PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH PREMISES OR OPERATIONS, BUT EXCLUDING PROPERTY DAMAGE INCLUDED IN SUBPARAGRAPH (2) BELOW.
- (2) ALL PROPERTY DAMAGE ARISING OUT OF AN OCCURRING IN THE COURSE OF OPERATIONS PERFORMED FOR THE NAMED INSURED BY INDEPENDENT CONTRACTORS AND GENERAL SUPERVISION THEREOF BY THE NAMED INSURED, INCLUDING ANY SUCH PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY INCIDENTAL CONTRACT RELATING TO SUCH OPERATIONS, BUT THIS SUBPARAGRAPH (2) DOES NOT INCLUDE PROPERTY DAMAGE ARISING OUT OF MAINTENANCE OR REPAIRS AT PREMISES OWNED BY OR RENTED TO THE NAMED INSURED OR STRUCTURAL ALTERATIONS AT SUCH PREMISES WHICH DO NOT INVOLVE CHANGING THE SIZE OF OR MOVING BUILDINGS OR OTHER STRUCTURES;
- (3) ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE COMPLETED OPERATIONS HAZARD AND ALL BODILY INJURY AND PROPERTY DAMAGE INCLUDED WITHIN THE PRODUCTS HAZARD;
- (4) ALL PROPERTY DAMAGE FOR WHICH LIABILITY IS ASSUMED UNDER ANY CONTRACT TO WHICH THE CONTRACTUAL LIABILITY INSURANCE APPLIES.

SUCH AGGREGATE LIMIT SHALL APPLY SEPARATELY:

- (I) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPHS (1) AND (2) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED;
  - (II) TO THE SUM OF THE DAMAGED FOR ALL BODILY INJURY AND PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (3); AND
  - (III) TO THE PROPERTY DAMAGE DESCRIBED IN SUBPARAGRAPH (4) SEPARATELY WITH RESPECT TO EACH PROJECT AWAY FROM PREMISES OWNED BY OR RENTED TO THE NAMED INSURED.
- (C) FOR THE PURPOSE OF DETERMINING THE LIMIT OF THE COMPANY'S LIABILITY, ALL BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF CONTINUOUS OR REPEATED EXPOSURE TO SUBSTANTIALLY THE SAME GENERAL CONDITIONS SHALL BE CONSIDERED AS ARISING OUT OF ONE OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding, unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## BOATS

Named Insured and Address

This endorsement forms a part of Policy No. **10 C A43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....12:01 A.M., standard time at the address of the *named insured* as stated herein.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE  
MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE  
OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE  
STOREKEEPER'S INSURANCE

It is agreed that:

1. The exclusion relating to watercraft does not apply to the watercraft described below.
2. The "Persons Insured" provision includes any person or organization legally responsible for the use of any such watercraft owned by the *named insured*, provided the actual use thereof is with the permission of the *named insured*.
3. The insurance with respect to any watercraft subject to this endorsement does not apply while the watercraft is rented to others or is used for carrying any passenger for a consideration unless this exclusion is stated in the schedule below to be inapplicable.

## SCHEDULE

DESCRIPTION OF WATERCRAFT	CLASSIFICATION OF WATERCRAFT	CODE NUMBER	PREMIUM BASIS NUMBER OF WATERCRAFT	RATES EACH WATERCRAFT		ADVANCE PREMIUM	
				B.I.L.	P.D.L.	B.I.L.	P.D.L.
1) CANOES			1) 300 ✓	INCL. IN COMPOSITE RATE			
2) ANY VESSEL NOT EXCEEDING 50 FEET IN LENGTH AND REPORTED TO THE COMPANY WITHIN 60 DAYS OF ACQUISITION			<del>IF ANY</del> 2) if any				

Minimum Premium \$.....Bodily Injury Liability \$.....Property Damage Liability

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.



**THE HARTFORD**  
INSURANCE GROUP  
HARTFORD, CONNECTICUT

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

06-22-76JS

WILSON &amp; ALLEN INC. 25 0480



THE HARTFORD

A/P 137-00

Named Insured and Address

This endorsement forms a part of Policy No. **10 CA 43349E** issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **06-14-76** 12:01 A. M., standard time at the address of the named insured as stated herein.

Deposits in insurance as is afforded by the provisions of the policy relating to the following:

### COMPREHENSIVE GENERAL LIABILITY INSURANCE

### SPECIAL VESSELS COVERAGE

IN CONSIDERATION OF AN ADDITIONAL PREMIUM OF \$1,379 IT IS AGREED THAT THE POLICY IS EXTENDED TO COVER THE FOLLOWING VESSELS FOR THE PERIOD OF 12:01 A.M. 6/14/76- 12:01 AM 6/20/76

1. 52" CHESAPEAKE BUGEYE SAILING KETCH "SHARK V1"
2. 37" ERWIN SAILING KETCH "MANUPTI"
3. 33" ERWIN SAILING KETCH "OLD SALTY II"

B.I. 958.00 P.D. 421.00

IT IS FURTHER AGREED THAT THIS COVERAGE IS LIMITED TO \$200,000 COMBINED SINGLE LIMIT IN EXCESS OF \$300,000 COMBINED SINGLE LIMIT EACH OCCURRENCE.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



THE HARTFORD

## INTEROFFICE MEMORANDUM

TO	<i>John Coy Reinsurance</i>	DEPARTMENT	SAID	LOCATION	H/O
FROM	<i>J. Abraham</i>	DEPARTMENT	SAID	LOCATION	Manhattan
SUBJECT	B.S-A <u>10 CA4339</u>			DATE	9/27/76

Dear Herb

Attached are photo copies of  
reinsurance certificate, endorsement &  
cooling appt for special vessel coverage.

Please have reinsurance cooling processed.

*John*

REPLY MESSAGE

9/28

Please process this encl.

*John Coy*

RECEIVED  
SEP 29 1976  
REINS-FCGD

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

FROM

G 2781-0 Printed in U. S. A.

This Copy Retained By Addressee

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00252039

SA 2991

## Schedule of Automobiles and Covered Automobiles PAGE #1

This Schedule forms a part of Policy No. **10 A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity (Location (Town, State))	Identification No. (I) Serial No. (S) Motor No. (M) Rating Territory	*Purpose of Use Rating Class	Purchased Mo./Yr. New-Used Original Cost New or Rating Symbol	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs	
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Premium		
						PIP Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)			
1.	69 CHEV DUMP #C5439P843448			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$	\$	\$
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$	\$	\$
2.	75 DODGE P/U #D11B955164505			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$	\$	\$
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$	\$	\$
3.	69 CHEV P/U #KS2495804986			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$	\$	\$
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$	\$	\$
4.	70 FORD TRACTOR #C243596			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$	\$	\$
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$	\$	\$
5.	66 CHEV FAN #PG1266P105182			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$	\$	\$
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$	\$	\$
6.	66 INTL BACKHOE #05182			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$	\$	\$
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$	\$	\$
7.	73 DODGE P/U #026BE3F103904			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$	\$	\$
	MENDHAM, N. J.	25	IND. TRK.			\$ 26.00	\$ 2.00		\$	\$		\$	\$	\$	\$
†Not Available in California *P & B = Pleasure and Business; C = Commercial						TOTAL	\$ 84.00	\$ 28.00				\$	\$	\$	\$
LOSS PAYEEES - IDENTIFY BY UNIT OR ENTRY NO.							\$ 182.00	\$ 14.00				\$	\$	\$	\$
No.	Name and Address of Loss Payee					No.									
	CSL DISC 9% INC (.91)														

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



## Schedule of Automobiles and Covered Automobiles PAGE #2

This Schedule forms a part of Policy No. **10 C 43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
						PIP Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium		
	Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol										
8.	68 CHEV P/U #CS148T122234		C			\$ 12.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	MENDHAM, N. J.	25	IND TRK		\$ 26.00	\$ 2.00		\$	\$		\$	\$		
9.	68 CHEV P/U #CS148T122265		C			\$ 12.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	MENDHAM, N.J.	25	IND TRK		\$ 26.00	\$ 2.00		\$	\$		\$	\$		
10.	72 CHEV P/U #CCS142B139673		C			\$ 12.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	MENDHAM, N.J.	25	IND TRK		\$ 26.00	\$ 2.00		\$	\$		\$	\$		
11.	64 CHEV STAKE TRK #4C369T132515		C			\$ 12.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	MENDHAM, N.J.	25	IND TRK		\$ 26.00	\$ 2.00		\$	\$		\$	\$		
12.	71 DODGE S/W #B23A41S120542		P & B C			\$ 12.00	\$ 4.00		\$	\$		\$	\$	
						\$ 6.00	\$							
	MENDHAM, N. J.	25	IND TRK		\$ 1.00	\$ 2.00		\$	\$		\$	\$		
13.	68 FORD TRACTOR #C187425		C			\$ 12.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	NORTH BRUNSWICK, N.J.	40	IND TRK		\$ 45.00	\$ 2.00		\$	\$		\$	\$		
14.	72 FORD 1/2 T TRK #F50CEN63371		C			\$ 12.00	\$ 4.00		\$	\$		\$	\$	
						\$	\$							
	NORTH BRUNSWICK, N.J.	40	IND. TRK		\$ 45.00	\$ 2.00		\$	\$		\$	\$		
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 84.00	\$ 28.00					\$	\$	
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.						\$ 6.00	\$					\$	\$	
No.	Name and Address of Loss Payee				No.	\$195.00	\$ 14.00							
	CSL 9% DISC (.91) INCL					The company located these documents in its business records. At this time, the company does not certify that these documents constitute								

## Schedule of Automobiles and Covered Automobiles PAGE #3

This Schedule forms a part of Policy No. **10-A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Automobile
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Towing and Labor Costs	
						PIP								
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates		Premium	
15.	72 INTL WAGONER #A83606490094			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N.J.	40	IND TRK.			\$ 45.00	\$ 2.00		\$	\$		\$	\$	
16.	68 FORD TR J #F35YEC58580			C		\$ 12.00	\$ 4.00		\$	\$		\$	\$	
	NORTH BRUNSWICK, N.J.	40	IND TRK.			\$ 45.00	\$ 2.00		\$	\$		\$	\$	
17.	74 CHEV CARRYALL #CCZ264F180084			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	ORRINGTON, ME.	10	IND TRK.			\$ 16.00	\$ 3.00		\$	\$		\$	\$	
18.	75 CHEV SPT VAN #CGY3654118766			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	ORRINGTON, ME.	10	IND TRK.			\$ 16.00	\$ 3.00		\$	\$		\$	\$	
19.	74 CHEV CARRYALL #CCZ264F178865			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	ORRINGTON, ME.	10	IND. TRK.			\$ 16.00	\$ 3.00		\$	\$		\$	\$	
20.	72 CHEV CARRYALL #CCE262F175642			C		\$ 17.00	\$ 4.00		\$	\$		\$	\$	
	BOULDER JUNCTION, WISC.	09	IND. TRK.			\$ 18.00	\$ 3.00		\$	\$		\$	\$	
21.	71 CHEV SUBURBAN #CE3614102709			C		\$ 17.00	\$ 4.00		\$	\$		\$	\$	
	BOULDER JUNCTION, WISC.	09	IND. TRK.			\$ 18.00	\$ 3.00		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 100.00	\$ 28.00					\$	\$	
LOSS PAYEE — IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee				No.	\$ 174.00	\$ 19.00							
	CSL DISC 9% (.91) INCL													

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## Schedule of Automobiles and Covered Automobiles PAGE #4

10 43349E

This Schedule forms a part of Policy No. 10 43349E issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Garbage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
						PIP	Medical Payments						Uninsured Motorist Premium	
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Premium								
22.	73 INTL TRAVELALL #3HOHOCHB51426			C		\$ 17.00	\$ 4.00		\$	\$		\$	\$	
	BOULDER JUNCTION, WISC.	09	IND. TRK.			\$ 18.00	\$ 3.00		\$	\$		\$	\$	
23.	71 FORD ECONOLINE #E22GHK50128			C		\$ 23.00	\$ 4.00		\$	\$		\$	\$	
	ELY, MINN.	07	IND. TRK.			\$ 3.00	\$ 3.00		\$	\$		\$	\$	
24.	72 CHEV CARRYALL #CCE262F174138			C		\$	\$		\$	\$		\$1.00	\$	
	ORRINGTON, ME.	10	034986		3700.	\$	\$		\$	\$		\$	\$	
25.	72 CHEV CARRYALL #CCE262F162143			C		\$	\$		\$	\$		\$1.00	\$	
	ORRINGTON, ME.	10	034986		3700.	\$	\$		\$	\$		\$	\$	
26.	73 CHEV CARRYALL #CCZ263F171514			C		\$	\$		\$	\$		\$1.00	\$	
	ORRINGTON, ME.	10	034986		4000.	\$	\$		\$	\$		\$	\$	
27.	73 CHEV CARRYALL #CCZ263F171671			C		\$	\$		\$	\$		\$1.00	\$	
	ORRINGTON, ME.	10	034986		4000.	\$	\$		\$	\$		\$	\$	
28.	71 CHEV CARRYALL #CS261F650350			C		\$	\$		\$	\$		\$2.00	\$	
	ORRINGTON, ME.	10	034986		4252.	\$	\$		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$40.00	\$ 8.00					\$196.00		
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.						\$ 3.00	\$					\$	\$	
No.	Name and Address of Loss Payee				No.	\$18.00	\$ 6.00							
	CSL DISC 9% (.91) INCL													

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## Schedule of Automobiles and Covered Automobiles PAGE #5

This Schedule forms a part of Policy No. **10 0043349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date **12:01 A. M., standard time.**

**THE HARTFORD**

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert App- licable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deduct- ible if any	Rates	Premiums (each cov- ered auto- mobile)		
						PIP Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert App- licable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deduct- ible if any	Rates	Premium		
29.	69 CHEV CARRYALL #CE168F173539			C		\$	\$	0	\$	\$		10.00	\$	
	BOULDER JUNCTION, WISC.	09	034986		1275.	\$	\$		\$	\$		\$	\$	
30.	65 CHEV CARRYALL #C1465F143668			C		\$	\$	0	\$	\$		10.00	\$	
	BOULDER JUNCTION, WISC.	09	034986		625.	\$	\$		\$	\$		\$	\$	
31.	61 CHEV CARRYALL #1C146J118947			C		\$	\$	0	\$	\$		10.00	\$	
	BOULDER JUNCTION, WISC.	09	034986		1175.	\$	\$		\$	\$		\$	\$	
32.	52 WILLYS JEEP #7815			P&B		\$	\$	0	\$	\$		19.00	\$	
	BOULDER JUNCTION, WISC.	09	PPT		485.	\$	\$		\$	\$		\$	\$	
33.	63 CHEV P/U #C254F126644			C		\$	\$	0	\$	\$		10.00	\$	
	BOULDER JUNCTION, WISC.	09	034986		2000.	\$	\$		\$	\$		\$	\$	
34.	69 FORD P/U #F10BLF12655			C		\$	\$	0	\$	\$		10.00	\$	
	BOULDER JUNCTION, WISC.	09	034986		2490.	\$	\$		\$	\$		\$	\$	
35.	70 FORD P/U #F11YRH14137			C		\$14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.		71	\$19.00	\$ 6.00		\$	\$		\$	\$	
*Not Available in California *P & B = Pleasure and Business; C = Commercial						\$14.00	\$ 4.00					69.00	\$	
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee				No.									
	CSL DISC 9% (.91) INCL													
The company located these documents in its business records. At this time, the company does not certify that these documents constitute														

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.





THE HARTFORD

## Schedule of Automobiles and Covered Automobiles. PAGE #6

This Schedule forms a part of Policy No. **10 A43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A. M., standard time.

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
						PIP								
						Medical Payments Premium	Uninsured Motorist Premium							
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol									Premium
36.	66 FORD PK #F11YK806236			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
37.	62 INTERNATIONAL CB #FD5671F			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
38.	67 CHEV PK #KS147S149629			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
39.	72 FORD 4DR. #2G51F244291			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
40.	72 FORD PK #F26YRN89131			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
41.	73 FORD PK #F10YRR86280			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
42.	73 FORD PK 1/2 T F11YR85820			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 98.00	\$ 28.00					\$	\$	
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee					No.								
	CSL DISC 9% (.91) INCL													
The company located these documents in its business records. At this time, the company does not certify that these documents constitute														

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.



## Schedule of Automobiles and Covered Automobiles PAGE #7

This Schedule forms a part of Policy No. **10 043349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs	
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)			
						PIP	Medical Payments	Uninsured Motorist	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium		
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Premium	Premium								
43.	72 FORD PK #F26YRN89132			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
44.	64 DODGE 4 DR. #554327S529			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
45.	68 FORD PK #A101468			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
46.	73 FORD PK #F10YRR83712			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
47.	73 FORD PK #F11YRR85819			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
48.	74 CHEV TRAVELALL #CKY264F179594			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
49.	74 FORD #F28BRU46661			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$		
	CIMARRON, N.M.	06	IND. TRK.			\$ 19.00	\$ 6.00		\$	\$		\$	\$		
Total						\$ 98.00	\$ 28.00					\$	\$		
Total						\$ 133.00	\$ 42.00					\$	\$		
†Not Available in California *P & B = Pleasure and Business; C = Commercial															
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.															
No.	Name and Address of Loss Payee										No.				
	CSL DISC. 9% (.91) INCL														
The company located these documents in its business records. At this time, the company does not certify that these documents constitute															

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## Schedule of Automobiles and Covered Automobiles PAGE #8



THE HARTFORD

This Schedule forms a part of Policy No. **10 0 43349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A. M., standard time.

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Automobile		
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Towing and Labor Costs			
						PIP	Uninsured Motorist Premium									
50.	73 FORD CROW CAB #F25YCS24484			C		\$14.00	\$4.00		\$	\$		\$	\$			
	CIMARRON, N.M.		06	IND TRK	m p	\$19.00	\$6.00		\$	\$		\$	\$			
51.	72 FORD 4DR #2G51F244292			P&B		\$14.00	\$4.00		\$	\$		\$	\$			
	CIMARRON, N.M.		06	IND TRK		\$19.00	\$6.00		\$	\$		\$	\$			
52.	58 CHEV PK #4B58F132267			C		\$14.00	\$4.00		\$	\$		\$	\$			
	CIMARRON, N.M.		06	IND TRK		\$19.00	\$6.00		\$	\$		\$	\$			
53.	65 FORD #F10JD698518			C		\$14.00	\$4.00		\$	\$		\$	\$			
	CIMARRON, N.M.		06	IND TRK		\$19.00	\$6.00		\$	\$		\$	\$			
54.	58 CHEV PK #3A58K131944			C		\$14.00	\$4.00		\$	\$		\$	\$			
	CIMARRON, N.M.		06	IND TRK		\$19.00	\$6.00		\$	\$		\$	\$			
55.	41 CHEV PK #AVB1091441			C		\$14.00	\$4.00		\$	\$		\$	\$			
	CIMARRON, N.M.		06	IND TRK		\$19.00	\$6.00		\$	\$		\$	\$			
56.	64 DODGE CB #2261378469			C		\$14.00	\$4.00		\$	\$		\$	\$			
	CIMARRON, N.M.		06	IND TRK		\$19.00	\$6.00		\$	\$		\$	\$			
†Not Available in California *P & B = Pleasure and Business; C = Commercial						TOTAL	\$98.00	\$28.00				\$	\$			
LOSS PAYEES — IDENTIFY BY UNIT OR/ENTRY NO.							\$	\$				\$	\$			
No.	Name and Address of Loss Payee					No.										
	CSL DISC 9% (.91) INCL															

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## Schedule of Automobiles and Covered Automobiles

PAGE #9

This Schedule forms a part of Policy No. **10 043349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (1) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
						PIP								
		Location (Town, State)	Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premium	Premium	
57	72 FORD 4 DR. #2G51F244293			P&B		\$14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
58	69 MARK TRK #MB403P2177			C		\$14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
59	71 FORD CB #F35YKL64826			C		\$14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
60	72 FORD PK #F10YKP24747			C		\$14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
61	51 REO TRK #149480			C		\$14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
62	69 CHEV PK #KS169Z848257			C		\$14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
63	71 INTERNATIONAL DP #416060H164330			C		\$14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.	06	IND TRK.			\$	\$		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						\$98.00	\$28.00					\$	\$	
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee					No.	TOTAL							
	CSL DISC 9% (.91) INCL						\$133.00	\$42.00						
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.														



## Schedule of Automobiles and Covered Automobiles

PAGE #10

This Schedule forms a part of Policy No. **10 C 349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use  Rating Class	Purchased Mo./Yr. New-Used  Original Cost New or Rating Symbol	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs  Premium
					BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
					PIP Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates			
64 72 FORD 2DR. #U15GLP28943			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
65 61 FORD PK #F10JD170009			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
66 72 FORD 2DR #U15GLP28942			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
67 63 FORD PK #F10JD420602			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
68 72 CHEV 4DR #CKS162F175471			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
69 72 CHEV 4DR #CKS162F175752			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
70 73 FORD PK 1/2 T #F10YRR86281			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
Total					\$ 98.00	\$ 28.00					\$	\$	
Total					\$ 133.00	\$ 42.00					\$	\$	

†Not Available in California \*P & B = Pleasure and Business; C = Commercial

LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.

No.	Name and Address of Loss Payee	No.
	CSL DISC 9% (.91) INCL	

The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

## Schedule of Automobiles and Covered Automobiles PAGE #11

This Schedule forms a part of Policy No. **10 C 3349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date: 12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Towing and Labor Costs
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)		
						PIP	Uninsured Motorist Premium						Coll. Cov. (Insert Applicable Symbols)	
71	64 DODGE PK #1161405724			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, NM		06	IND TRK	mp	\$ 19.00	\$ 6.00		\$	\$		\$	\$	
72	73 FORD FB #F50CVR80490			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
73	57 CHEV PK #3A57K123301			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
74	66 MACK TRK #DM40351033			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
75	69 FORD CB #F11YKE77849			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
76	69 FORD CB #F11YKE77878			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
77	69 CHEV 2DR #KS169Z847104			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06	IND TRK		\$ 19.00	\$ 6.00		\$	\$		\$	\$	
*Not Available in California *P & B = Pleasure and Business; C = Commercial						\$ 98.00	\$ 28.00					\$	\$	
LOSS PAYEES - IDENTIFY BY UNIT OR ENTRY NO.						\$	\$					\$	\$	
No.	Name and Address of Loss Payee					No.								
	CSL DISC 9% (.91) INCL													
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.														



## Schedule of Automobiles and Covered Automobiles

PAGE #12

This Schedule forms a part of Policy No. **10 C 3349E** issued by THE HARTFORD INSURANCE GROUP Company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective date.....  
12:01 A. M., standard time.



THE HARTFORD

As respects each covered automobile described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

Unit or Entry No.	Year Model Trade Name	Body Type - Truck Size No. of Cyls., Truck Load, Gallonage Bus Seating Capacity	Identification No. (I) Serial No. (S) Motor No. (M)	*Purpose of Use	Purchased Mo./Yr. New-Used	Casualty Coverages		Physical Damage Coverages						Automobile
						BI Liab. Prem.	PD Liab. Prem.	Non. Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates	Premiums (each covered automobile)	Towing and Labor Costs	
						PIP								
	Location (Town, State)		Rating Territory	Rating Class	Original Cost New or Rating Symbol	Medical Payments Premium	Uninsured Motorist Premium	Coll. Cov. (Insert Applicable Symbols)	Amt. or "ACV" (Actual Cash Value)	Deductible if any	Rates		Premium	
78	70 CHEV PK #134800K188270			C		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06	IND TRK.		\$	\$		\$	\$		\$	\$	
						\$ 19.00	\$ 6.00		\$	\$		\$	\$	
79	69 FORD S/W #U15FLD86049			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06	IND TRK.		\$	\$		\$	\$		\$	\$	
						\$ 19.00	\$ 6.00		\$	\$		\$	\$	
80	73 FORD 4DR #3P72H152401			P&B		\$ 14.00	\$ 4.00		\$	\$		\$	\$	
	CIMARRON, N.M.		06	IND TRK.		\$	\$		\$	\$		\$	\$	
						\$ 19.00	\$ 6.00		\$	\$		\$	\$	
81	65 CATTLE DEPARTMENT TRAILER #145365			MOBILE		\$	\$		\$	\$		\$	\$	
	CIMARRON, N.M.		06	EQUIPMENT		\$	\$		\$	\$		\$	\$	
82	71 DITCHWITCH #8162			MOBILE		\$	\$		\$	\$		\$	\$	
	CIMARRON, N.M.		06	EQUIPMENT		\$	\$		\$	\$		\$	\$	
83	47 LOWBOY TRAILER #NMF-9000037			MOBILE		\$	\$		\$	\$		\$	\$	
	CIMARRON, N.M.		06	EQUIPMENT		\$	\$		\$	\$		\$	\$	
84	73 GOOSE NECK TRAILER #182573			MOBILE		\$	\$		\$	\$		\$	\$	
	CIMARRON, N.M.		06	EQUIPMENT		\$	\$		\$	\$		\$	\$	
†Not Available in California *P & B = Pleasure and Business; C = Commercial						TOTAL	\$ 42.00	\$ 12.00				\$	\$	
LOSS PAYEES — IDENTIFY BY UNIT OR ENTRY NO.							\$	\$				\$	\$	
No.	Name and Address of Loss Payee				No.									
	CSL DISC 9% (.91) INCL													
The company located these documents in its business records. At this time, the company does not certify that these documents constitute														

10 C 43349E

Effective date.....  
12:01 A. M., standard time.

## THE HARTFORD

As respects each *covered automobile* described herein, the insurance afforded applies only with respect to such of the following coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of this insurance having reference thereto.

**Automobile**

## Schedule of Automobiles



No. CA 43349  
4 of 4  
 ed by 71  
 : 2-13-76  
*Provisional*  
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The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

to self Provisional  
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[illegible]SA 3007



Subject to Protective Order – Highly Confidential

SA 3009



[illegible]

Subject to Protective Order – Highly Confidential

BSA-PLAN\_00252059

SA 3011



1	2	3 Co	4 Dept	5 RO	7	8 Pol Sym	10	11 Pol Number	16	17 Insured's Name	36
1		5	1	0	1	0		CA 4	33	49	Boys Scouts of America
37	Inception Date Of Policy	40	41	42	43	44	45	46	47	48	49
0	1	0	1	7	6	0	8	2	6	1	7
52	53	54	55	56	57	58	59	60	61	62	63
2	5	0	4	8	0						

## PREMIUM CODING INPUT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
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36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
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Part of  
Coded by 77  
Date: 4-1-76

RISK  
CARD

Form OA-577-1B (4 PART SNAPOUT SET) Printed in U. S. A.



1	2	3 Co	4 Dept	5	6 RO	7	8	9 Pol Sym	10	11	12 Pol Number	13	14	15	16	17	18 Insured's Name	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
1		5	1	0	1	0		CA	4	3	3	4	9	B	0	4	S	C	O	N	T	S	O	F	A	M	E	R	I	C						
37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	
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## PREMIUM CODING INPUT

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Part of  
Coded by 25  
Date: 1-1-76

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CARD**



**THE HARTFORD**

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BSA-PLAN\_00252061

SA 3013

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Coded by   *2 J*    
Date:   *4-1-76*  

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Form OA-577-1B (4 PART SNAPOUT SET) Printed in U. S. A.

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BSA-PLAN 00252062

SA 3014

## PREMIUM CODING INPUT

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525</
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Form OA-577-1B (4 PART SNAPOUT SET) Printed in U. S. A.

BSA-PLAN\_00252063

SA 3015



[illegible]

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BSA-PLAN 00252064

SA 3016

[illegible]

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Coded by GB  
Date: 8-3-76



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Form DA-577-18 (4 PART SNAPOUT SET) Printed in U. S. A.

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SA 3017



1	2	3 Co	4 Dept	5 RO	6	7	8 Pol Sym	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35		
1	5	1	0	1	0		CA	4	3	3	4	9	3	0	4	1	5	C	O	U	T	S	O	F	A	M	E	R	I	C					
37	Inception Date	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71		
0	1	0	1	7	6	0	8	2	6	7	6	2	5	0	4	8	0																		

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36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
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The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

Part of  
Coded by ST  
Date: 1-1-76

RISK  
CARD

  
**THE HARTFORD**  
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Form OA-57-18 (4 PART SNAPOUT SET) - Printed in U. S. A.

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**THE HARTFORD**  
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Form OA-577-1B (4 PART SNAPOUT SET) Printed in U. S. A.

SA 3019

[illegible]

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BSA-PLAN\_00252068

**SA 3020**



2	3 Co	4	Dept 5	6	RO	7	8	Pol Sym	10	11	Pol Number	16	17	Insured's Name											38						
1		5	1	0	1	0		CA	43	34	9	B	0	14	SKOUTS OF AMERICA																
37	Inception Date Of Policy				40	41	Expiration Date				45	47	Agency Code				52	53	Brokers	54	55	60	61	BM	62	AT	63	Type	64	Tran	65
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## PREMIUM CODING INPUT

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Part \_\_\_\_\_ of \_\_\_\_\_  
Coded by JJ  
Date: 4-1-76



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Form OA-577-1B (4 PART SNAPOUT SET) Printed in U. S. A.

Subject to Protective Order – Highly Confidential

BSA-PLAN 00252069

SA 3021

## PREMIUM CODING INPUT

1		2		3 Co		4 Dept		5 RO		6		7		8 Pol Sym		10 11		16 17		Insured's Name		35	
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37		Inception Date		Of Policy		40		41		42		43		44		45		46		47		48	
01/01/76		08/12/76		250280																			
38		Agency Code		52		53		54		55		56		57		58		59		60		61	
01/01/76		08/12/76		250280																			
62		AT		63		Type		64		Tran		65		Trans Eff		68		69		70		Final	
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73.00		150																					
The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.																							

Part of  
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Date: 4-1-76

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Form 0A-577-1B (4 PART SNAPOUT SET) Printed in U. S. A.



## PREMIUM CODING INPUT

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SA 3023

1	2	3 Co	4 Dept	5 RO	7	8 Pol Sym	10	11 Pol Number	16	17 Insured's Name	35
1		510	110			C	4	33493014		SCOUTS OF AMERICA	
37	Inception Date Of Policy	40	41	Expiration Date	46	47	Agency Code	52	53 Broker	54	55
61	01	01	76	08	16	76	25	04	80		

## PREMIUM CODING INPUT

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Date: 1-76

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Form OA-577-1B (4 PART SNAPOUT SET) Printed in U. S. A.

1	2	3	Co	4	Dept	5	RO	7	8	Pol Sym	10	11	Pol Number	16	17	Insured's Name	36
1													CA43349			SCOUTS OF AMERICA	
37	Inception Date Of Policy	40	41	Expiration Date	46	47	Agency Code	52	53	Broker	54	55	60	61	BM	62	AT
01	01	17	6	08	13	7	25	04	80								

## PREMIUM CODING INPUT

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Part of  
Coded by JJ  
Date: 5-1-76

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Form OA-577-1B (4 PART SNAPOUT SET) Printed in U. S. A.

1	2	3 Co	4 Dept	5	6 -RO	7	8	9 Pol Sym	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
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 Coded by 7  
 Date: 4-1-76

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Form OA-577-1B (4 PART SNAPOUT SET) Printed in U. S. A.



## PREMIUM CODING INPUT

53 Type		64 Tran		65 Trans Eff		68	69	Def	70	Final	79 Ser#80																							
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The company located these documents in its business records. At this time, the company does not certify that these documents constitute a complete and accurate copy of the policy.

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CARD



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